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ABSTRACT

Recent research points to two types of strategies for preventing substance abuse and behavioral health problems among children and adolescents. The first approach emphasizes tobacco, alcohol, and drug resistance skills; problem-solving/decision-making training; stress management; and modification of attitudes and norms that encourage substance use and violence. The second involves the coordinated use of multiple societal institutions, such as family, community, and schools, for delivering programs. The Pennsylvania Student Assistance Program (SAP) promotes both of these approaches through consistently enforced policies at school, as well as early identification, intervention, and support to students and their families. An evaluation was conducted to investigate six areas of SAPs and to help develop a framework to guide future evaluations. The 6 areas are: (1) referral process; (2) parent consent practices; (3) intervention services; (4) contract provider assessments; (5) school-based probation officers involvement; and (6) improvement and satisfaction. The primary findings indicate that the SAP teams are working; that parents are involved; that services are being provided both in school and in the community; and that the students involved in SAPs are showing definite improvement. Further analyses that would link process with outcome are recommended for future study. (Contains 38 references.) (JDM)

EVALUATION REPORT
STUDENT ASSISTANCE PROGRAM IN PENNSYLVANIA
July 1, 1998 to June 30, 1999

Submitted to:
Pennsylvania Commission on Crime and Delinquency
P.O. Box 1167
Harrisburg, Pennsylvania 17108-1167
Telephone 800-692-7292
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October, 1999

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SECTION ONE

INTRODUCTION

Recent research points to two types of strategies for preventing substance abuse and behavioral health problems among children and adolescents (General Accounting Office, 1997). The first approach emphasizes tobacco, alcohol and drug resistance skills, problem-solving/ decision making training, stress management, and modification of attitudes and norms that encourage substance use and violence. The second involves the coordinated use of multiple societal institutions, such as family, community, and schools, for delivering programs (Dryfoos, 1990; Hawkins, 1992; Silvia & Throne, 1997). The Pennsylvania Student Assistance Program promotes both aspects of these two approaches through consistently enforced policies at school, as well as early identification, intervention and support to students and their families. Further, for those students who need them, SAP teams provide linkages with the larger child-serving systems, namely the mental health and drug and alcohol assessment and treatment providers located in the community (DiRienzo, 1990).

Why Student Assistance Programs?

A century ago, barriers to education included infectious disease and untreated physical defects that put students at risk for school failure. Today, most of these barriers can be addressed in whole or part with immunization, antibiotics, eyeglasses, and other medical treatment. However, yesterday's barriers have been replaced by special health needs,chronic diseases, and new sets of barriers based in behavior and lifestyle choices.

The Centers for Disease Control and Prevention (CDC) have found that the following six categories of behavior are responsible for 70% of the mortality and morbidity among adolescents: (1) behaviors that cause intentional and unintentional injuries, (2) drug and alcohol abuse, (3) sexual behaviors that cause sexually transmitted diseases and unintended pregnancies, (4) tobacco use, (5) inadequate physical activity, and (6) dietary patterns that cause disease (Kann, Collins, Pateman, Small, Russ, & Kolbe, 1995). These problems are based in behaviors that can be prevented or changed. These behaviors, usually established during youth, are interrelated and contribute simultaneously to poor health, education, and social outcomes.

Major economic, social, and demographic changes that have occurred in recent decades have also had a dramatic effect on the health and welfare of children and adolescents (Green, 1994). These changes include a decrease in the time parents spend with children, the disintegration of families, and a rapid escalation of the number of children and adolescents living in poverty. These changes in conjunction with the following data indicate the need to identify students who are experiencing barriers to learning.

The CDC's Youth Risk Behavior Survey of 1997 (CDC, 1998) found that 37% of all high school students had ridden with a driver who had been drinking alcohol during the 30 days preceding the survey, 18% had carried a weapon during the preceding 30 days, 79% had consumed alcohol, 47% ever used marijuana, and 20% had attempted suicide during the 12 months preceding the survey.

Dryfoos (1990, 1994) estimated that 10% of teenagers are at very high risk for dropping out of school because of engaging in a variety of risky behaviors, an additional 15% are at high risk, and 25% are at moderate risk. The increasing number of poor and at-risk students requires schools to contend with more students who have health and other problems that are barriers to learning and academic success. Traditional approaches to help remove these barriers to learning are no longer sufficient to deal with these complex issues.

Review of the Literature

School student assistance programs (SAP) began in the early 1980's modeled after employee assistance programs (EAP) in the workplace. The EAP model linked the individual with community treatment and support personnel from the work site by identification of problem behavior, assessment, referral, and follow-up (Johnson, 1980).

SAPs are school-based identification and referral mechanisms for students who experience barriers to learning that may result from substance abuse or other behavioral health issues (OSAP, 1988). Nationally, SAPs are the preferred model for providing early intervention services to students in schools (Institute of Medicine, 1998; Klitzner, Fisher, Stewart, & Gilbert, 1992; Moore & Forster, 1993). With programs in place in both urban and rural schools across the country, student assistance programs would seem to be the model that schools everywhere could follow (Ottenberg, Olsen, & Schiller, 1985). The organization and procedures of SAPs have been compared to multidisciplinary teams used in special education programs (Moore & Forster).
Three approaches to student assistance programs are currently in use nationally, namely the core team model, the externally-based SAP, and the internally-based SAP (Borris, 1988). In the core team model, trained school professionals receive referrals from parents, teachers, counselors, administrators and other concerned professionals about student performance and/or behavior. The externally-based SAP employs outside agency personnel to facilitate the program for a limited number of hours per week (Dykeman, 1994). Successful SAP Core teams have been delineated by Herberg, Hughes and Bond (1990) as containing the following five components:

- Formal student identification
- Staff training in identification of behaviors
- Staff involvement in identification of behaviors
- Intensive training for SAP team members
- Referral for assessment for treatment and follow-up aftercare support

The SAP core team model, while different across schools and states, does appear to be the one that is most widely implemented. It adheres to the basic components of formal student identification, staff training in identification of behaviors, staff involvement in identification of behaviors, intensive training for SAP team members, referral for assessment for treatment and follow-up aftercare support, parent involvement, and community agency and government human service program collaboration (Herberg et al., 1990; Moore & Forster, 1993). SAP with its history and experience in schools working with students, parents and communities can provide leadership and guidance for how schools can help students.

Carefully selected assessment procedures can quickly and validly evaluate severity of substance dependence, adverse consequences, contributing roles of further emotional and behavioral problems, cognitive and environmental stimuli. These variables all have major significance in suggesting the intensity and nature of intervention needed (Allen, Columbus, & Fertig 1995). Assessment, however, also yields valuable secondary clinical benefits (Allen & Mattson, 1993). For example giving clients individualized feedback on test results may enhance their motivation for change (Miller & Rollnick, 1991) and help them formulate personal goals for improvement. Also, research indicates that clients themselves highly value assessment (Sobell, 1993) and that programs with formal assessment procedures are better able to retain clients in treatment (Institute of Medicine, 1990).

Many types of screening instruments are available to providers. The first type includes self-report questionnaires and structured interviews; the second type includes clinical tests, which can detect substance abuse. Both types of screening instruments should be valid (that is, measure what the clinician is attempting to measure) and should yield reliable results (that is consistent across rates and time) (National Institute on Alcohol Abuse and Alcoholism 1990).

The Adolescent Problem/Profile Severity Index (APPSI) is a semi-structured interview that was developed to fill the need for a reliable, valid and standardized instrument for a periodic evaluation of adolescent substance abuse. The APPSI uses a multidimensional approach of assessment as an age-appropriate modification of the Addiction Severity Index. It yields 70 ratings in 7 domains: psychoactive substance use, school or employment status, family function, peer-social relationships, legal status, and psychiatric status. The Substance Abuse Subtle Screening Inventory (SASSI) is designed to identify people who are chemically dependent and to distinguish them from those whose drug or alcohol use may be problematic, but who have not reached the point of psychological or physical dependency. The following instruments were collected both from the MH and D&A liaisons, provider and team member focus groups at the PASAP Conference, as well as the SAP team member and administrator surveys.

Evaluations of Student Assistance Programs by State Departments of Education have recently begun to appear in the literature. For example the Departments of Education in

Tennessee (Hepler & Renfro, 1999) and Kentucky (Bryant & Johnson, 1999) are in the process of completing evaluations of student assistance programs in their respective areas. Scott, Surface, Friedli, and Barlow (1999) completed a study of schools in Nebraska, comparing schools with and without a SAP program. They found the schools with the SAP programs had lower alcohol use and higher achievement among students. In Pennsylvania, DiRienzo (1990) described the development of the Pennsylvania model for student assistance. Kelly and Peters (1989) evaluated the implementation of SAP in Pennsylvania. Kelly and Peters found that effective implementation of SAPS depended upon a number of factors including policy development, administrative and district support, effective training, careful selection of team members, communication with parents and students about the role of SAP, and developing working relationships with community agencies. Initial SAP training in Pennsylvania was evaluated by Swisher, Baker, Barnes, Doebler, Hadleman, and Kophazi (1993). Swisher et al. found that SAP training programs had been positively received by participants. The implementation of SAP core teams was successful, yet imperfect. Lack of awareness about the program among parents and students and monitoring the progress of students referred to outside agencies were seen as the weakest links.

History of Student Assistance Programs in Pennsylvania

Beginning with the Pennsylvania Department of Health's Office of Drug and Alcohol Programs (ODAP) funding of pilot Student Assistance Programs in 1984, and continuing to the present, activity at the state and county levels have ensured that students experiencing substance abuse and behavioral health problems are identified, assessed and linked to supportive services in the community and school. Many organizations and agencies are committed to SAP. Their efforts have included the funding of county drug and alcohol (D&A) and mental health (MH) agencies to provide linkages with community-based organizations and the establishment of a statewide advisory committee to insure program quality and increased parental participation. Table 1.1 highlights the major events since 1984 that have shaped and defined SAP practice as currently implemented in schools and communities throughout the Commonwealth. A detailed history of the Pennsylvania Student Assistance Program is available at the Pennsylvania Department of Education Student Assistance Program website at http://www.Ksys-inc.com/sap/.

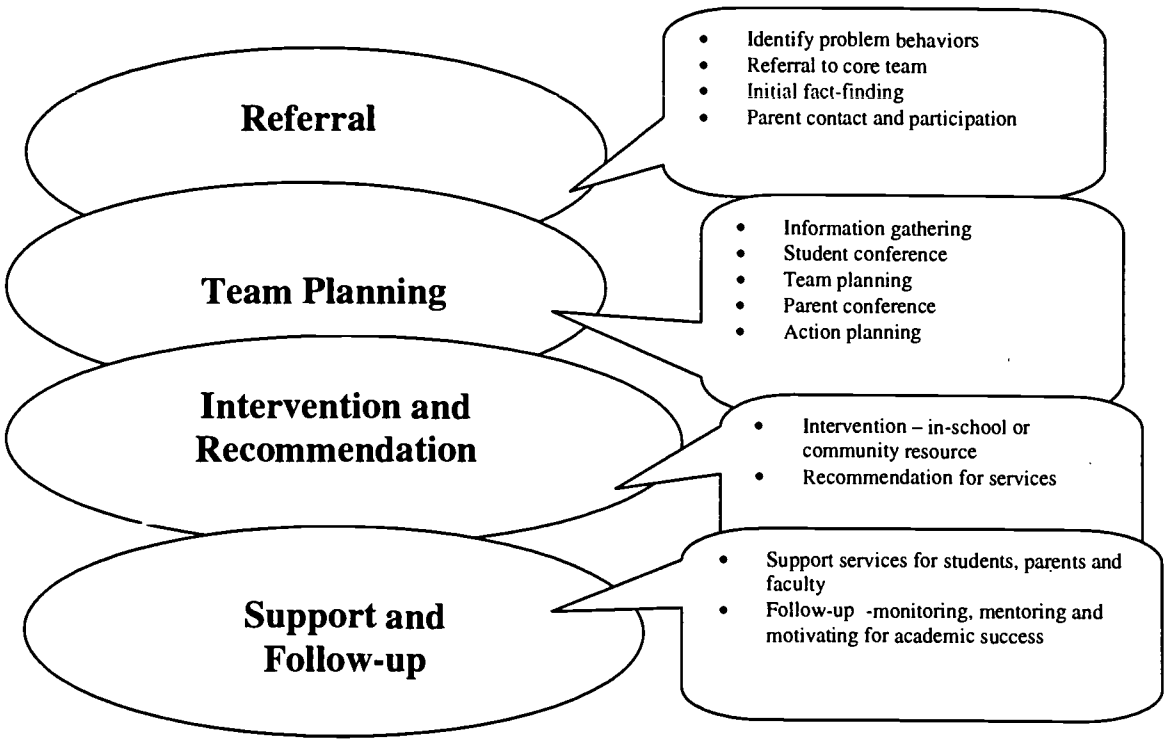
TABLE 1.1 Pennsylvania Student Assistance Program Timeline

1984	Pennsylvania Department of Health's Office of Drug and Alcohol Programs provides a grant to pilot and implement Student Assistance Programs at 21schools in the state.
1984	Statewide SAP Advisory Committee representing schools, communities and parents is established to provide input for maintaining program quality.
1985-1986	Pennsylvania Masonic Foundation for Children establishes funding for SAP training and the Commonwealth SAP Training System.
1986-1987	Pennsylvania Department of Welfare, Office of Mental Health provides funding to expand the SAP services to students at risk of suicide. Furthermore the Departments of Health and Welfare increase their financial support to county drug & alcohol abuse and mental health agencies to work with schools.
1987	Pennsylvania Department of Education institutes an initiative whereby districts receiving Drug-Free Schools and Community funds are required to have at least one SAP Team within each secondary school.
1989	Pennsylvania Department of Education begins collecting information annually from schools regarding the students who have been processed by SAP.
1990	Act 211 requires that a plan be put into action to assist school districts in establishing and maintaining programs of support services and counseling for students with drug and alcohol problems.
1990	Pennsylvania Juvenile Court Judges Commission initiates and funds the school-based probation officer program.
1991	County SAP Coordination Teams are established in each Pennsylvania county to promote quality SAP services.
1996	Regional forums conduct by the Statewide Student Assistance Advisory Committee collects information from SAP stakeholders to determine what SAP teams need from the State to function effectively.
1997	Commonwealth SAP Training System updates the SAP training guidelines. Training Standards and Competencies for SAP Core team Professionals are established
1998	Retraining for existing student assistance professionals in parental involvement is designed and implemented.

Currently, all of the Commonwealth's public middle and secondary schools and many non-public secondary buildings have student assistance programs. These programs help students overcome barriers to learning so that the students may remain in school, achieve academic success and advance to the next grade or graduate. Current Commonwealth initiatives include the refinement of an elementary student assistance program, the expansion of the Commonwealth SAP Training System, expansion of the school-based probation officer program, support to school administrators continues by way of executive seminars specially designed for school administrators, and a system for the electronic filing of SAP performance data is in place.

In Pennsylvania, the SAP process includes four phases: referral, team planning, intervention and recommendations, and follow-up and support. Figure 1.1 shows the program model.

FIGURE 1.1 Pennsylvania Student Assistance Program Model



The **first phase** of the student assistance process involves problem recognition, referral, initial fact finding and parent contact and participation. The many common warning signs associated with barriers to learning that may be referred to SAP include difficulties with attendance, academic performance, discipline and behavior as well as health-related concerns. All student assistance program models have a referral process that involves educating teachers, administrators and staff on warning signs that indicate some kind of learning barrier (Herberg et al., 1990; Milgram, 1998; Moore & Forster, 1993). In the core team model, the team gathers objective information from all parties who work with the student in an effort to define the difficulty. During this phase of the process, the team does some initial fact-finding to ascertain if SAP is the best resource to help the child, and if the referral was appropriate. Central to the Pennsylvania SAP process is the contact, consent and participation of the parents in the process. The observations of the parent are seen as a crucial part of the process. The Basic Education Circular, produced by the Department of Education cites:

> It is the parent's right to be involved in the process and to have full access to all school records under applicable state and federal laws and regulations. Involvement of parents in all phases of the student assistance program

underscores the parent's role and responsibility in the decision-making process affecting their children's education and is the key to the successful resolution of problems (24P.S. 15-1547).

Parental [1] contact is defined as communication between the school SAP team by telephone, letter, or meeting. Parental participation is defined as the active involvement of the parent(s) in the decision-making process that affects their child. A major catalyst for increased parental contact, consent and participation in the SAP process has been the amendment of the Protection of Pupil Rights Act (also known as the Hatch Amendment) as designated in the Family Educational Rights and Privacy Act (FERPA). This revision prohibits school personnel from engaging in the survey, analysis or evaluation of students, when doing so may reveal information potentially embarrassing to the family. Hatch provides that parents not only have the right to know significant information that pertains to their child's school experience, they have the right to decide how to help her or him (20 U.S.C. Sec.1232g; 20 U.S.C. Sec.1232h.).

During **phase two**, the team gathers objective information about the student's performance in school from all significant school persons with whom the student has contact. Teachers, counselors, disciplinarians, school nurses, coaches, activity moderators may see early warning signs that when addressed, can prevent other more serious consequences. A team member then, with parental consent, conferences with the student to understand the student's perception of the problem. The team, after gathering this broad base of pertinent information, can make some initial plans to further explore and build with the parent during the conference. With parent and student input, an action plan is developed that includes strategies for removing the learning barriers and promoting the student's academic and personal success.

In **phase three**, the team intervenes and makes recommendations to appropriate in-school and community resources that can best help the young person. Intervention is defined by Webster as "to come in between, to stop or to modify." DeRienzo (1990) descibes the Pennsylvania SAP as an intervention model that addresses both drug and alcohol, as well as mental health issues that may present barriers to learning and school success. A variety of in-school services are available that include one-to-one mentoring with a SAP team member or guidance counselor, life-skill development groups such as anger management, effective decision making and communication skills, as well as academic/learning strategies. In Pennsylvania, SAP uses a broadbrush approach. It does not just work with substance abuse or mental health issues, but can and does address them, when needed. Community providers of mental health as well as substance abuse services provide a liaison, or professional staff member who works in the school for a designated amount of time. These professionals provide school based assessments, educational support groups and technical assistance to SAP teams (OMHSAS Guidelines for MH System Liaisons, 1997). These liaisons also provide a link with the larger treatment systems in the community. SAP teams do not provide assessment, evaluation or treatment.

[1] In this document, references to "parental" involvement may be interpreted to include adults such grandparents, step-parents, and caregivers who play a significant role in the life of a young person.

> The student assistance team members do not diagnose, treat or refer for treatment; but they may refer for an assessment for treatment... Student assistance team members are trained to identify problems, determine whether or not the presenting problem lies within the responsibility of the school and make recommendations to assist the student and the parent. In cases where the problem lies beyond the scope of the school's responsibility, it is the team's responsibility to inform the parent of the problem affecting the child's performance in school, provide information on community resources and the options to deal with the problem, and, where necessary, set up linkages with resources to help resolve the problem. For those youngsters receiving treatment through a community agency, the team, in collaboration with the parent and the agency, plans in-school support services during and after treatment (Basic Education Circular, 24P.S. 15-1547).

Phase four, support and follow-up, ensures that the student is supported through the change process. In addition, should the child require a higher level of care than initially recommended, the team can provide the necessary evidence and structure to promote this. Support is also provided to parents and staff so that they can work together to promote student success.

SECTION TWO

EVALUATION METHODOLOGY

Aims of the Study

In July of 1998, the Pennsylvania Commission on Crime and Delinquency (PCCD) funded an initiative to evaluate Student Assistance Programs in Pennsylvania. The primary goal of the evaluation was to determine the overall efficacy of Student Assistance Programs in Pennsylvania.

This evaluation investigated six areas of student assistance programs and developed a framework to guide future evaluations. The six areas were:

1. SAP referral processes
2. Parent consent practices
3. Intervention services
4. Contract provider assessments
5. School-based probation officers SAP involvement
5. SAP improvement and satisfaction

The following report sections provide initial descriptive findings as they relate to the above mentioned evaluation areas. It also includes a discussion of the conclusions and implications for policy, practice and future evaluations.

Evaluation Methodology and Study Sample

To meet the comprehensive scope of this evaluation, a multi-modal approach to data collection was employed. This was viewed as the most efficacious mechanism for examining the effectiveness of SAP in Pennsylvania, as it allowed for the utilization of both quantitative and qualitative data gathered from a variety of perspectives. Five data collection methods were employed in the evaluation:

1. Statewide Survey of SAP Team Members
2. County Administrator Survey
3. Focus Group
4. Site Visit
5. Pennsylvania Department of Education Statewide Databases

A. Statewide Survey of SAP Team Members

A self-administered closed-ended questionnaire was developed and distributed to members of SAP Teams throughout the Commonwealth of Pennsylvania. The purpose of the survey was to obtain the information regarding the structure of the Student Assistance Program in the school, the effectiveness of the program and the challenges encountered

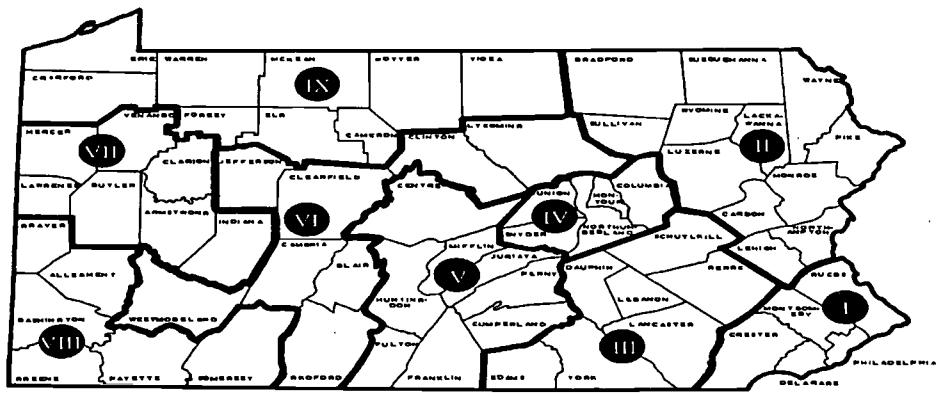
from the perspective of the team member. See Appendix 1 for a copy of the survey. The 33-item questionnaire addressed the following areas:

- **Descriptive characteristics of the respondent**, including gender, age, ethnicity, highest level of education, number of teams in which the respondent is involved, years of involvement in SAP and receipt of SAP training;
- **Descriptive characteristics of the SAP team**, including frequency of team meetings, number of team members by position in the school and team leadership;
- **Description of the referral process** including methods of publicizing SAP in the school, frequency of receipt of referrals by type of referral source, referral process, structure of and mechanism for receiving and reviewing referrals, reasons for referral, referral acceptance criteria, and interface with students and parents;
- **Expected outcomes** as a result of involvement in SAP;
- **Types of assessments** employed and recommendations for support services;
- **Involvement in the school and in the SAP team by community based service provider liaisons** and types of services;
- **Team and parent involvement** in treatment and aftercare plans;
- **Accessing** of services;
- Issues regarding **parent/guardian consent;**
- **School probation officer** involvement; and
- **Suggestions to improve** SAP.[1]

Utilizing a stratified random selection procedure, 162 out of 1400 schools in the nine regions of Pennsylvania, as depicted in Figure 2.1, were invited to participate in the survey, of which 154 schools actually participated.

FIGURE 2.1

PA Network for Student Assistance Services



[1] The questionnaire was developed via Teleform optical scan technology, a PC-based optical scan data collection software system, which enhances the quality of data collection and entry.

Upon completion of this task, the Pennsylvania Department of Education sent a letter to the coordinator in each of the schools informing them of the evaluation and encouraging their participation in the survey. A member of the research team subsequently telephoned each of the coordinators to answer any questions they may have had regarding the study and to verify the number of team members to receive surveys. In addition, a hotline was established which allowed team members to call with any questions and to leave information regarding the appropriate mailing address and the appropriate number of team members.

The surveys were mailed with specific instructions for completion and return to the research team. As a mechanism for ensuring a high return rate, follow-up telephone calls were made to each of the SAP coordinators to verify receipt of the survey, encourage their participation and thank them for their involvement. This intensive protocol was very effective as it yielded a high return rate of 72% of team members and 95 % of teams.

Table 2.1 provides a breakdown by region of the number of questionnaires disseminated to schools and teams and the number returned. The results are high for this data collection method. Most studies employing similar targeted surveys yield an expected rate of return from mail surveys is 60% (Price, 1998).

TABLE 2.1 Profiling Questionnaires Sent and Returned by Region and Overall

REGION	TOTAL # OF SCHOOLS IN EACH REGION	SURVEYS MAILED		SURVEYS RETURNED*	
		# Schools	# Surveys	# Schools	# Surveys
ONE	252	35	354	31	239
TWO	138	16	143	16	102
THREE	191	25	295	23	201
FOUR	30	5	57	5	41
FIVE	55	7	92	7	69
SIX	117	17	173	17	130
SEVEN	81	13	142	13	112
EIGHT	239	33	306	31	225
NINE	78	11	117	11	88
TOTAL	**1181**	**162**	**1679**	**154**	**1207**

* The number of SURVEYS RETURNED includes only those surveys that were completed, not the unused copies.

B. County Administrator Survey

The second method of data collection consisted of a structured telephone interview of SAP county administrators. SAP county administrators are responsible for disseminating the funds to be used in providing services to schools, including the funding of provider involvement in SAP teams. Other responsibilities include monitoring, planning and training with regards to prevention/intervention programs in the schools and in the community. In addition, some counties have personnel who are responsible for working directly with the schools and with SAP in their preventive and intervention efforts. Consequently, it was deemed essential to the comprehensive nature of this evaluation to obtain the administrators' perspective regarding the effectiveness of SAP.

The Commonwealth of Pennsylvania is comprised of 67 counties, which are administrated by 45 county/joinder units. In these units, 61 people were identified as having SAP administrative responsibilities. In some units one person held the responsibility for SAP. In others, two people shared responsibility for SAP. Of the 61 identified individuals, 53 (87%) participated in the county administrator survey. These individuals represent 41 (91%) of the administrative units. See Appendix 2 for a copy of the survey. The aspects included in the survey consist of the following:

- **Descriptive characteristics of the respondent** including gender, ethnicity, highest level of education, position, responsibilities regarding the relationship to SAP, receipt of SAP training;
- **Involvement of specific types of administrators in SAP** such as SCA director, MH/MR director, and CASSP Coordinator;
- **Types of contractual arrangements** regarding SAP services;
- **Types of service providers** involved in SAP services;
- **Types of services offered** to SAP and to schools, both in school and outside of school;
- **Types of assessment models** regularly utilized by contracted provider agencies;
- **Requirements of the contracts** held with providers, including written specific guidelines;
- **Methods of monitoring** contracts including reporting requirements;
- **Reasons for services not being accessed** and factors that influence parents' decisions regarding not being involved in community services;
- Effects of **parent and student consent** on involvement in SAP and suggestions to increase student and parent follow-through with assessment and treatment recommendations; and
- Methods of **School based probation officer** involvement in SAP.

C. Focus Group

The third method of data collection consisted of the facilitation of a focus group at the Pennsylvania Association of Student Assistance Professionals (PASAP) conference. The aim of the focus group was to gather qualitative data concerning the strengths and weaknesses of SAP from the perspective of the school professional and of the outside provider. A

representative sample of participants was randomly selected from various regions across the state. They included school team members, SAP coordinators, school board personnel and community providers who are members of SAP teams. Aspects discussed in the focus group included the following:

- Components of an effective SAP model;
- Challenges encountered by SAP teams;
- The effect of parent consent requirements on the team's ability to work with students;
- Effective mechanisms for identifying, assessing and referring students to and from the SAP; and
- The role of school based probation officers in the schools and on the SAP teams.

Two members of the research team facilitated the focus group and two additional members were responsible for recording the major points of discussion. Upon completion of the focus group, summaries were written and are incorporated in the discussion of some of the major findings in the evaluation.

D. Site Visit

The fourth method of data collection consisted of the implementation of a pilot version of an intensive site visit protocol in five schools across the state. Two members of the evaluation team conducted each one-day site visit; having two members involved in the site visit allows for a balanced perspective. Table 2.2 describes the site visits components and format.

TABLE 2.2 Site Visit Components

Individual	Time	Format	Form
SAP Coordinator or designee	60 minutes	Structured Interview and Discussion	Program Profile
SAP Team	60 minutes	Focus Group	Team Member Focus Group or Team Member Survey
MH//D&A Liaisons	30 minutes	Structured Interview	Liaison Structured Interview
Probation Officer	30 minutes	Structured Interview	Probation Officer Structured Interview
Teachers	30 minutes	Focus Group	Teacher Focus Group
Administrator	30 minutes	Structured Interview	Administrator Structured Interview

The goals of the site visit were:

- To discuss the current level of implementation and effectiveness of the SAP program
- To identify the challenges and obstacles faced by teachers, administrators, school districts, agency, community leaders and organizations
- To understand the challenges and obstacles of SAP key stakeholders, including the identification of the developmental issues that arise over time as SAP evolves

Five schools were randomly selected according to school type and region to include schools that were located in counties where HealthChoices has been implemented and in counties where it has not occurred to date. The purpose was to determine the applicability of the protocol across types and location, as well as gather information regarding the effectiveness of SAP based upon the perspective of an entire team including the administration of the school. Upon completion of the site visits, site visit reports were prepared and the results are to be incorporated in the presentation and discussion of key findings.

E. Pennsylvania Department of Education Databases

The fifth method of data collection consisted of the utilization of a secondary data source, the Pennsylvania Department of Education's 1997-1998 State Performance Report on the Student Assistance Program. Data are gathered annually from public, non-public and area vocational-technical school SAP teams regarding the services provided to students during the school year and are based on the team member's perspective in reviewing each student who has been seen by SAP during the school year. Aspects included in the report include referrals to the team, types of services recommended, types of assessments, team knowledge regarding student access of services and changes in performance indicators such as academic achievement, advancement, attendance and student improvement. These data, which are gathered both objectively and subjectively by team members, are entered on scanning sheets and forwarded to a central location for data processing.[2]

For the purposes of this evaluation, the data accessed from this performance report consisted of the information submitted by each of the schools that participated in the statewide team survey. This allows for consistency in samples and the potential for future linkages of databases and future analyses. The above-described methods were integrated into a framework for addressing each of the areas to be evaluated. Table 2.3 profiles the research methods employed in examining each of the areas. This was also incorporated into the plan for analyzing each of the data sets.

[2]A limitation of the database is that it does not provide an objective comparison of change in student performance over time, which may be attributed to the student's involvement in SAP. In other words, it does not include student's pre and post SAP performance records. There were also some inconsistencies in the numbers reported which suggest that some of the team members may not have been completing the forms accurately.

TABLE 2.3 Data Collection Methods By Evaluation Area

	Statewide SAP Team Mail Survey	Focus Group	County Administrator Phone Interview	Site Visits	Statewide Performance Tracking Database
1. Effectiveness of the Current Referral Process	X	X	--	X	X
1a. Likelihood of students being referred to SAP	X	--	--	--	X
1b. Percentage of referrals resulting in a recommendation for service	X	--	--	--	X
1c.Benefits and disadvantages of the different referral models used	X	--	--	X	X
2. Quality of the assessments provided by the contracted providers	X	X	X	X	X
2a. Types of assessment models us and which are most effective in meeting SAP's goals	X	X	X	X	X
3. Effectiveness of intervention services provided	X	--	X	X	X
3a. Whether specific risk areas addressed in a comprehensive plan of multiple strategies and services	X	X	--	X	X
3b. Contract provider provisions to involve school and parents/guardians in treatment and aftercare plans	X	--	X	X	X
3c. Whether referred students access and complete recommended services	X	--	X	--	X
3d. Desired outcome behaviors and whether achieved	X	--	--	--	X
3e. Whether appropriate aftercare services are provided by the contracted provider and the teams	X	--	X	X	X
4.Effects of student and parent consent requirements on SAP involvement	X	X	X	X	X
4a. Methods to increase consent levels	X	--	X	X	X
5. School based probation officer involvement on teams	X	X	X	X	--
6. Suggestions to improve SAP	X	--	X	X	X
6a. Current levels of client satisfaction with SAP	X	--	X	X	X

F. Data Analysis

The following section of this evaluation report consists of a presentation and discussion of the findings by area. Given the categorical nature of the data gathered, two types of analyses were conducted.

Profile analysis: used to identify the general pattern of SAP service among school districts. It includes basic demographics, referral effectiveness, quality of the assessments, service outcomes, service satisfaction and performance

measures. Descriptive statistics consisting of frequencies and percentages are utilized.

Comparative analysis: employed to examine the general patterns in the profile analysis by comparing and contrasting SAP service recipient groups, that is based on region, locality (urban, suburban, rural) and school type Middle School (MS), Junior/ Senior High School (J/SHS), High School (HS), Non Public School (NPS) and Area Vocational-Technical Schools (AVTS). These comparisons consist of a discussion of similarities and differences in patterns and where appropriate, cross tabulations.

Qualitative data collected at the focus group and site visits are also incorporated into the discussion, as it helps place particular findings into the appropriate perspective. It also includes a discussion of each of the evaluation areas based on the perspective of the different data sources, for example how do the county administrators view the issue of parent consent in comparison to the team members view of the same issue. To gather this information, data were collected from SAP team members and SAP county administrators.

G. Profile of Study Sample

School SAP Team Respondents

The total number of schools participating in the evaluation activities were 154. Tables 2.4, 2.5 and 2.6 present the participating schools by type, locality, and region. Each table also profiles the number of survey respondents for each category. The distribution of the schools by type, locality, and region is consistent with the general distribution of schools in the Commonwealth. The schools that responded to the survey are predominantly middle and high schools. (See Table 2.4). The results are similar by respondent, that is, a larger proportion of the sample consists of team members from high schools and middle schools compare to non-public and AVT

TABLE 2.4 Profile by Schools and Team Members (Source: Team Member Survey)

	Survey Respondents (N = 1207)	Schools (N = 154)
Middle School	36% (428)	36% (55)
Junior-Senior High School	16% (197)	16% (25)
High school	38% (455)	36% (55)
Non Public	7% (78)	9% (14)
AVTS	4% (49)	3% (5)

As indicated in Table 2.5, a larger proportion of schools and team respondents came from urban schools and the smallest proportion of the sample was comprised of rural schools.

TABLE 2.5 Profile of Responses by Locality (Source: Team Member Survey)

	Survey Respondents (N = 1207)	Schools (N = 154)
Rural	21% (247)	20% (31)
Urban	45% (543)	45% (69)
Suburban	35% (417)	35% (54)

As shown in Table 2.6, the regions with the highest number of respondents are 1 and 8. These two regions are primarily comprised of schools from the most urban segments of the state, Philadelphia and Pittsburgh.

TABLE 2.6 Profiles of Responses by Region (Source: Team Member Survey)

Region	Survey Respondents (N = 1207)	Schools (N = 154)
One	20% (239)	20% (31)
Two	9% (102)	10% (16)
Three	17% (201)	15% (23)
Four	3% (41)	3% (5)
Five	6% (69)	5% (7)
Six	11% (130)	11% (17)
Seven	9% (112)	8% (13)
Eight	19% (225)	20% (31)
Nine	7% (88)	7% (11)

The teams are comprised of a variety of staff who hold diverse positions within the school. Descriptive profiles of teams indicate that 75% of the teams surveyed included at least one classroom teacher, guidance counselor, building administrator, school nurse, and agency liaison. In addition, one third of the responding teams had health/physical education teachers, special education teachers, school psychologists, or school social workers as members. One

fifth had an art/music teacher, librarian, school-based probation officer, or central administrator.

Profiles of responding team members indicate that approximately two thirds, 65 % were female. The responding team members were primarily Caucasian, 91%, with a small proportion of African Americans, 5%, and 1 % each Hispanic, Native American, and Asian. Greater than two thirds have graduate degrees, as 66% indicated that the Masters degree was the highest level of education and 3% had Doctorates.

The majority of the team member respondents were teachers followed by school counseling staff and building administrators (See Table 2.7). Representatives from outside agencies comprised a smaller proportion of the sample. This may be due to the fact that most of the teams have one or two liaisons that sit on the teams. The majority of the respondents, 66 % have been engaged in their profession for greater than 10 years. In addition, they are evenly divided with regard to experience on the SAP team, as 43 % have served 1-5 years and 41% have been involved for greater than five years. In addition, the majority of respondents, 93%, report having participated in SAP training. Furthermore, 44% of the individual team members reported receiving advanced training with 76% receiving the training between 1996 and 1999.

TABLE 2.7 Professional Position in School (Source: Team Member Survey)

Position	Percentage (N = 1185)
Teacher	42% (496)
School Counselor, Social Worker or Psychologist	22% (266)
Building Administrator	11% (133)
Agency Liaison/Agency Staff	9% (101)
School Nurse	8% (92)
Other	5% (62)
Librarian	1% (13)
School Based Probation Officer	1% (10)
Central Office Administrator	1% (12)

County Administrator Sample Profiles

Of the 61 identified SAP county administrators, 53 (87%) participated in the telephone interview. Approximately 72% of the respondents are female and the majority are Caucasian. In addition, the majority are college educated, with 47% holding a masters degree or higher.

TABLE 2.8 Profiles of Responses by Region (Source: County Administrator Survey)

Region	Survey Respondents (N = 53)
One	9% (5)
Two	17% (9)
Three	17% (9)
Four	4% (2)
Five	8% (4)
Six	15% (8)
Seven	9% (5)
Eight	11% (6)
Nine	9% (5)

Table 2.8 provides a breakdown of responses by region. Regions 2 and 3 had the highest number of participants in the survey and region 4 had the lowest. This may be a function of the number of counties in a region, for example. region 7 is comprised of 12 counties while region 4 consists of 5 counties.

Given the small number of respondents from each of the regions, they have been clustered into four areas, North, Central, Southwest and Southeast. Table 2.9 profiles the number of respondents from each of these areas.

TABLE 2.9 Profiles of Responses by District (Source: County Administrator Survey)

District	Survey Respondents (N=53)
North (SAP Regions 2 and 9)	26% (14)
Central (SAP Regions 4, 5, and 6)	26% (14)
Southeast (SAP Regions 1 and 3)	26% (14)
Southwest (SAP Regions 7 and 8)	21% (11)

Due to the smaller sample (N=53) of the administrator survey, the SAP regions were combined into four districts for further analysis. Table 2.9 provides a breakdown of responses by district. A listing of the counties found in each district can be found in Appendix Four.

A larger proportion of the respondents had been in their current position for less than five years, (42%) with another 30% holding the position of 11 years or greater. In addition, approximately one half, 49% had been involved with SAP for 6-10 years. Less than two thirds, 60 percent, received SAP training from a Commonwealth approved SAP trainer.

TABLE 2.10 Primary Relationships with SAP Teams (Source: County Administrator Survey)

Type of Responsibility	Percentage (N = 53)
Monitoring	89% (47)
Planning	89% (47)
Fiscal	66% (35)
Training	42% (22)
Other	38% (20)

As indicated in Table 2.10, the SAP county administrators are responsible for multiple functions, with the predominant ones being monitoring of contracts, planning of services and fiscal issues. In addition, eleven of the counties provide direct service to the SAP teams.

SECTION THREE

STUDENT ASSISTANCE REFERRAL PROCESS

The referral process is the first phase or entry point for the Pennsylvania Student Assistance model. Five aspects of the referral process were investigated: (1) how the SAP referral process is communicated to potential referral sources (for example, school staff, community members, parents/guardians and students), (2) mechanisms for making and accepting referrals, (3) feedback to individuals making referrals, (4) types of problems referred to the SAP, (5) expected and reported outcomes after being referred to a SAP program.

How the SAP Referral Process is Communicated

Teams utilize a range of communication methods to disseminate SAP information and materials to teachers, students, administrators, agency staff, and community members. Table 3.1 shows the frequency team members report using different methods to communicate SAP information and materials. Faculty in-service, student handbook, brochures, faculty handbooks, and classroom visits are the five top methods utilized to communicate the SAP referral process to potential referral sources.

TABLE 3.1 Communication Methods to Disseminate SAP Referral Information (Source: Team Member Survey)

Communication Method	Percentage (N = 1207)
Faculty In-Service	76% (916)
Student Handbook	73% (876)
Brochure	63% (765)
Faculty Handbook	45% (545)
Team Member Classroom Visits	40% (484)
Newsletter	39% (465)
Letter	36% (434)
Assembly	34% (405)
Mailbox Flyer	26% (319)
Parent Handbook	24% (290)
Newspaper	8% (99)
Community Training	6% (71)
Website	5% (55)
Cable Television Station	3% (32)

Analysis by region, locality, and school type reveal no differences in the frequency or ranking of the top five methods, however variations were reported in other communication methods. For example, community training ranged from 0% (Region 4) to 15% (Region 9). Website usage ranged from a low of 0% (Regions 4 and 5) to a high of 13% (Region 9). Assemblies were most used by Region 5 (51%) and least used by Region 7 (20%). The suburban and rural schools utilized community training at 9% and 6% respectively with urban schools utilizing community training 3%. Website usage was highest in the rural areas 8% compared to 4% at both urban and suburban locations. The variation in choice of methods after the top five suggests that teams use methods which most fit their structure, environment and available resources.

Comparing school type, community training was non-existent for AVTS (0%), and most utilized at the J/SHS (12%); 74% of the AVTS used assemblies to communicate the process as compared to 24% NPS, 25% J/SHS, 31% HS and 38% MS.

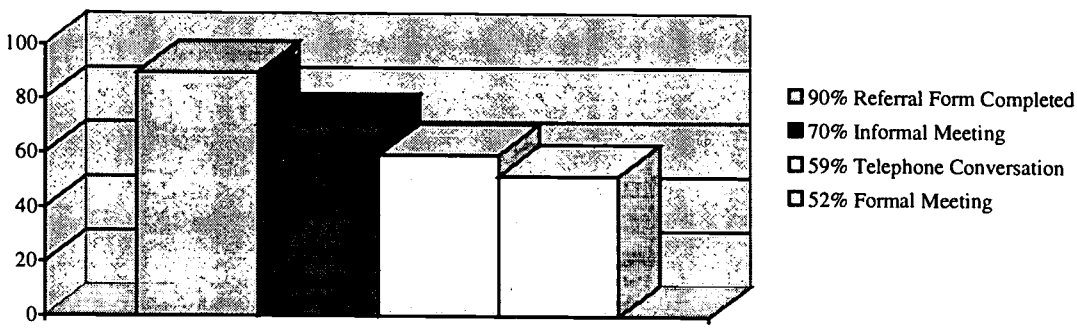
Analysis of the data also shows that team members use a variety of methods to disseminate SAP referral process information. Two or more communication methods were used by 92% of the members. While 70% employ four or more communication methods. The high percentage of respondents who use more than one method of communicating the referral process indicates the importance placed on awareness of the SAP process.

Mechanisms for Making and Accepting Referrals

A. Making Referrals

Four mechanisms for making referrals to the SAP program were examined: completion of referral form, formal meeting, telephone conversation and informal meeting. Figure 3.1 illustrates the utilization of the four methods.

FIGURE 3.1 Mechanisms For Making Referrals (Source: Team Member Survey)



Most team members (78%) indicated that they use two or more mechanisms for making referrals and 59% use three or more mechanisms. The usage of a referral form as the top mechanism for making referrals was consistent across all regions, localities, and school

types. Formal meetings were most used in Region 5 (64%) and least used in Region 7 (28%) and were more likely to occur in the MS (62%) and least likely to occur in AVTS (33%), with comparable usage among J/SHS (43%), HS (49%) and NPS (46%).

B. Accepting Referrals

The referral acceptance process was examined by two variables. First, who in the SAP Program makes the decision to accept a referral and second, what, if any, criteria are used to accept the referral. Table 3.2 illustrates who makes the decision to accept a referral.

TABLE 3.2 Decision to Accept a Referral (Source: Team Member Survey)

Decision Maker	Percentage (N = 1207)
Entire Team	84 % (1016)
Building SAP Coordinator	24% (292)
Team Member - School Counselor	23% (277)
Team Member - Teacher	18% (215)
Administrator	16 % (194)
Team Member - Nurse	13% (160)
Team Member - School Social Worker	6% (70)
District SAP Coordinator	3% (37)
Other	2% (19)

The entire team was the most used entity (84%) for accepting a referral across all regions, localities and school type. The second highest choice was the Building SAP Coordinator (24%). Variations in the use of the coordinator as the decision maker ranged from 36% (Region 8) to 1% (Region 5). The other regions reported utilizing a building coordinator 19-27% of the time.

The second variable examined in relation to the referral process was what type of acceptance criteria the teams utilized. Team members were asked about four acceptance criteria options: Informal, Formal, Not Sure, or None. Table 3.3 indicates the frequencies that teams use each of the referral acceptance criteria.

TABLE 3.3 Criteria Acceptance Frequencies (Source: Team Member Survey)

Criteria Type	Percentage (N=1166)
Informal	55% (641)
Formal	28% (327)
Not Sure	10% (117)
None	7% (81)

The majority of the team members (55%) indicated that their team has informal SAP acceptance criteria, 28% have formal acceptance criteria, 7% have no acceptance criteria and 10% of the team members were not sure if the school has any criteria for accepting referrals. The usage of formal and informal criteria remained consistent throughout all regions; however, the schools with no acceptance criteria varied with Regions 4 (3%), 5 (3%), 8 (4%), 1 (5%) and 7 (6%) ranging from 3-6%, and Regions 3 (8%), 6 (10%), 9 (13%) and 2 (17%) ranging from 8-17%. There was no difference in the existence of any acceptance criteria or method used among localities of schools. By school type, AVTS (41%) and NPS (36%) were more likely to have formal acceptance criteria, than J/SHS (22%), MS (27%) or HS (29%).

Feedback

The continuation of an effective referral process is often contingent upon the referrer receiving some indication that his or her referral has been received. Table 3.4 shows what feedback is given to people making a referral to SAP.

TABLE 3.4 Feedback to Referring Source (Source: Team Member Survey)

Feedback Method	Percentage (N = 1207)
Informal Verbal Contact	70% (848)
Standard Letter	38% (453)
Telephone Call	17% (199)
No Feedback Given	10% (119)
Other	6% (76)

The representative input from the focus groups conducted at the PASAP conference indicated that communication between the team and the referrer and the visibility of the SAP referral process contribute greatly to the effectiveness of the SAP. Additionally, anecdotal reporting gathered from the site visits indicated the importance the faculty place on contact with the team in making and following up referrals.

Types of Problems Referred

In examining the efficacy of the referral process, it is necessary to review the types of problems that respondents indicate the school SAP teams work with. Table 3.5 presents problems and barriers to learning that SAP teams are asked to address.

TABLE 3.5 Problems Addressed by SAP Team (Source: Team Member Survey)

Problems Addressed	Percentage (N = 1207)
Behavior Concerns: MH Related	94% (1139)
Behavior Concerns: Drug & Alcohol Related	93% (1118)
Suicidal Ideation: Gesture or Attempt	91% (1096)
Violated School Policy: Drug & Alcohol Related	90% (1083)
Parent/Guardian Reported Problems	89% (1078)
Violated School Policy: Non-Drug & Alcohol	81% (973)
Self-Reported Problems	80% (967)
Drops in Grades	79% (948)
Attendance Problems	78% (946)
Recovering/Returning to School	74% (891)
Violated School Policy: Violence/Weapon	64% (776)
Learning Problems	49% (595)
General Health Problems	48% (573)
Behavior Concerns (Other)	19% (223)

Overall, survey results indicate that 94% of the teams worked with mental health behavioral concerns, 93% worked with drug and alcohol behavioral concerns, 79% worked with students experiencing a drop in grades, 78% worked with students with attendance problems and 49% of the teams worked with students experiencing learning problems.

Expected and Reported Outcomes of SAP

To understand team members perceptions of student outcomes, the team members were asked what outcomes they expected from students' SAP involvement. Table 3.6 shows the SAP team members' expected outcomes of SAP student involvement. The top three outcomes as a result of SAP involvement are the team provides increased communications with family (57%), no additional drug and alcohol policy violations (50%) and reduced disciplinary infractions (48%). The emphasis on increased communication with family reinforces the challenges to schools to involve parents early and often throughout the SAP process.

TABLE 3.6 Expected Outcomes (Source: Team Member Survey)

Expected Behavior Changes	Percentage
Team Provides Increased Communications with Family (N = 1152)	57% (651)
No Additional Drug & Alcohol Policy Violations (N = 1151)	50% (580)
Reduced Disciplinary Infractions (N = 1161)	48% (556)
Next Level, Promotion or Graduation (N = 1149)	47% (541)
Improved Attendance (N = 1170)	44% (512)
Reduced Suspensions (N = 1154)	42% (481)
Reduced Further Decline In Attendance (N = 1160)	42% (486)
Reduced Further Decline In Grades (N = 1162)	41% (477)
Reduced Tardiness (N = 1159)	38% (439)
Reduced Violence/Weapon Policy Infractions (N = 1140)	38% (438)
Grade Improvement (N = 1170)	37% (432)
Reduced Incidents Of Class Cutting (N = 1152)	36% (420)
Team Provides Classroom Instructional Strategies (N = 1146)	23% (265)

SECTION FOUR

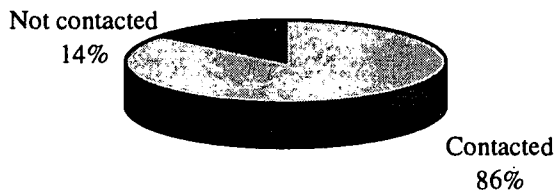
PARENT CONSENT PRACTICES

Parental contact, consent, and participation are a priority in student assistance programs in Pennsylvania. General practice for SAP teams suggests that parental consent be obtained prior to a student's full participation in the process. Examined in this evaluation were five aspects of parent consent: (1) definition of parent contact and participation, (2) methods to obtain parental consent, (3) team member responsible for obtaining the consent, (4) written informed consent practice for SAP, and (5) parent participation including why parents refuse SAP services.

Parent Contact and Participation

SAP parent contact is defined by the Statewide SAP Performance Report as parent and team contact via a contact letter, telephone call or face to face meeting at the time of referral or immediately following information gathering. The majority (86%) of SAP team members reported that parents were contacted when their child was referred to the SAP. Figure 4.1 illustrates this point.

FIGURE 4.1 Reported Parent Contact (Source: Team Member Survey)



Once contacted, the question is how many parents get involved in the SAP process. Participation is defined as active communication in the decision-making process between parents, students and the SAP team. The Statewide Performance Database reported that over half (55%) of parents/guardians participate in the process, as shown in Figure 4.2. At this point in the evaluation it is not possible to make firm conclusions; however, the results indicate that over two-thirds of parents are contacted and a majority are involved in the SAP process.

FIGURE 4.2 Reported Parental Participation (Source: Statewide Performance Database)

In an attempt to understand the process team members use to contact and involve parents in SAP, the point at which parents are contacted was investigated. Overall, across the Commonwealth, 45% of team members reported parent contact after information gathering from teachers. Information gathering is defined as assembly of objective, verifiable information about a student such as academic, attendance, health and discipline reports, as well as teacher observations. A high percent of team members (31%) contacted parents upon referral to SAP. Finally, 11% of team members reported parent contact prior to conducting a student interview. Table 4.1 shows the breakdown of when parents are contacted. Some variations are seen across regions. For example within Region 4, 40% of the team members indicated that they seek parental consent immediately upon referral to SAP, while another 40% preferred to contact parents after information gathering. Little variation was reported in when parents were contacted among different schools types and localities.

TABLE 4.1 Statewide and Regional Breakdown of When Parents are Contacted (Source: Statewide Performance Database)

		REGIONS								
	State-wide (N=1146)	**1 n=229**	**2 n=90**	**3 n=191**	**4 n=40**	**5 n=69**	**6 n=126**	**7 n=111**	**8 n=211**	**9 n=79**
After information gathering from teachers	45% (519)	53% (122)	54% (49)	40% (76)	40% (16)	52% (36)	55% (69)	33% (37)	43% (90)	30% (24)
Upon referral to SAP	31% (357)	24% (55)	21% (19)	40% (76)	13% (5)	26% (18)	31% (39)	34% (38)	35% (73)	43% (34)
Prior to student interview	11% (120)	10% (22)	13% (12)	7% (13)	33% (13)	12% (8)	9% (11)	7% (8)	12% (25)	10% (8)
Before information gathering from teachers	8% (87)	7% (15)	8% (7)	8% (16)	10% (4)	7% (5)	3% (4)	13% (14)	6% (12)	13% (10)
Not sure	3% (38)	3% (7)	2% (2)	2% (3)	5% (2)	3% (2)	1% (1)	9% (10)	4% (8)	4% (3)
Other	2% (25)	4% (8)	1% (1)	4% (7)	0% (0)	0% (0)	2% (2)	4% (4)	1% (3)	0% (0)

The site visits offered several explanations for the above findings. Reported at the sites was that team members prefer to have significant information to offer parents, rather than the somewhat incomplete information found in the initial referral report. It seems that teams use this additional step to further study the referral to be sure it is appropriate for SAP, not a teacher/student conflict, or a referral better served by another school service.

Methods Utilized For Obtaining Parental Consent

The top three mechanisms for obtaining initial parental consent for SAP services were by telephone, letter, and meeting with the SAP team. The primary method noted by 82% of the respondents was a telephone call, while 66% used a letter and 52% selected holding a meeting between the parent and the SAP team. Team members in the survey could select more than one point and in practice, may do so, depending on the nature of the particular barrier to learning confronting a student. Table 4.2 shows the methods utilized by participating team members for obtaining the consent of parents to allow students to receive SAP services.

TABLE 4.2 Method of Parental Consent for SAP Services (Source: Team Member Survey)

	REGIONS									
	State-wide (N=1207)	**1 n=239**	**2 n=102**	**3 n=201**	**4 n=41**	**5 n=69**	**6 n=120**	**7 n=112**	**8 n=225**	**9 n=88**
Telephone call to parent/ guardian	82% (995)	78% (187)	89% (91)	85% (170)	83% (34)	90% (62)	77% (100)	87% (97)	78% (176)	89% (78)
Letter sent to parent/ guardian	66% (796)	52% (123)	55% (56)	79% (159)	44% (18)	74% (51)	85% (110)	57% (64)	73% (165)	57% (50)
Meeting with parent/ guardian	52% (624)	64% (154)	57% (58)	51% (102)	44% (18)	38% (26)	42% (55)	46% (52)	54% (122)	42% (37)
Home visit	8% (93)	2% (5)	1% (1)	18% (36)	12% (5)	9% (6)	1% (1)	2% (2)	12% (26)	13% (11)
Meeting in community agency	3% (37)	5% (11)	0% (0)	2% (4)	2% (1)	4% (3)	0% (0)	9% (10)	1% (3)	6% (5)
Not sure	2% (28)	5% (12)	0% (0)	1% (1)	5% (2)	1% (1)	1% (1)	5% (5)	2% (5)	1% (1)
Other	2% (21)	2% (4)	1% (1)	4% (7)	0% (0)	1% (1)	1% (1)	2% (2)	2% (4)	1% (1)

No significant differences are seen across Regions for telephone use as a mode of involving parents. In Region 5, 90% of team members report contacting parents by telephone, while 77% of respondents in Region 6 contact parents for consent by telephone. Nearly 85% of those surveyed in Region 6 contact parents for consent using a letter, while 44% of those in Region 4 chose this response. For team meeting with the parent, 64% of respondents in Region 1 and 38% of those in Region 5 report this as an option.

Some variation was seen among school types with the primary method for obtaining parent consent for SAP services being a telephone call, with over 80% of respondents from each school type citing this method. Variation was reported for letters with 80% of AVTS using this method compared to 37% in the NPS. Over half of the MS, HS and AVTS use a meeting. Meetings were less frequent in NPS (46%) and J/SHS (42%).

Role of Primary Contact with Parent for SAP Consent

The team member survey revealed that school counselors, SAP coordinators or case managers are responsible for obtaining parent consent for student participation in the SAP process. Case managers may be teachers, administrators, social workers, nurses or other educational professionals, who have primary responsibility for working with the student and the family throughout the SAP process. Overall, 32% of respondents indicated that primary contact is made with the parent/guardian by the school counselor, followed by SAP coordinator (24%). Over 20% of those surveyed reported that the team member/case manager makes contact with the parent to obtain consent. Table 4.3 profiles the role of the primary contact person.

Some variation in primary contact role was seen in the regions. For example in Region 4, 55% of respondents cite a clear preference for team member/case manager making the contact for consent. Half of those surveyed in Region 9 report that the team member/school counselor makes the contact for consent, while only 11% of those responding in Region 4 report that the primary contact is made by the counselor. Regions 6, 7, and 8 appear to differ from the statewide frequencies, in that 44%, 45%, and 41% of those surveyed suggested that the initial contact with parents for consent is made by the SAP coordinator. These differences may be due to the structure of the team, whether the SAP coordinator is full-time or part-time, as well as scheduling parameters of teacher-team members who serve as case managers.

TABLE 4.3 Typical Role of Primary Contact with Parent for SAP Consent (Source: Team Member Survey)

		REGIONS								
	State-wide (N=1144)	**1 n=223**	**2 n=98**	**3 n=195**	**4 n=38**	**5 n=69**	**6 n=124**	**7 n=111**	**8 n=208**	**9 n=78**
Team member - School counselor	34% (391)	39% (86)	39% (38)	34% (66)	11% (4)	42% (29)	36% (44)	32% (35)	24% (50)	50% (39)
SAP Coordinator(s)	24% (274)	7% (16)	17% (17)	11% (21)	18% (7)	1% (1)	44% (55)	45% (50)	41% (86)	27% (21)
Team member - Case management	22% (253)	36% (80)	22% (22)	27% (52)	55% (21)	32% (22)	9% (11)	14% (15)	12% (25)	6% (5)
Team member - Teacher	7% (79)	4% (9)	4% (4)	14% (27)	8% (3)	9% (6)	3% (4)	0% (0)	8% (16)	13% (10)
Team member - Other	6% (68)	6% (13)	6% (6)	11% (21)	0% (0)	12% (8)	6% (7)	4% (4)	3% (6)	4% (3)
Not sure	3% (29)	5% (11)	1% (1)	1% (1)	3% (1)	1% (1)	2% (3)	5% (6)	2% (5)	0% (0)
Team member - School social worker	2% (18)	1% (2)	0% (0)	1% (2)	3% (1)	0% (0)	0% (0)	0% (0)	6% (13)	0% (0)

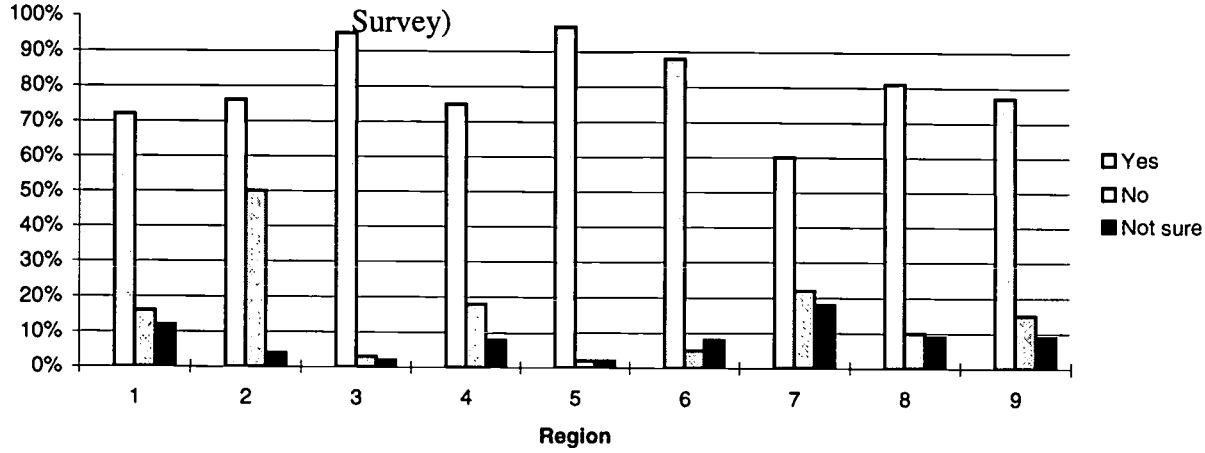
Team member - Nurse	2% (21)	2% (5)	9% (9)	0% (0)	3% (1)	0% (0)	0% (0)	1% (1)	2% (5)	0% (0)
Other personnel	1% (11)	1% (1)	1% (1)	3% (5)	0% (0)	3% (2)	0% (0)	0% (0)	1% (2)	0% (0)

Some differences were seen by school locality. For example while the primary contact person was the counselor in all areas the reported percentages differed: 38% rural, 31% urban, and 36% suburban. Likewise, the use of the SAP coordinator to obtain consent also varied. The range here was from 28% in suburban schools to 20% in rural schools. Use of case managers was highest in urban schools (26%) with rural and suburban schools reporting 20% and 19%. Differences by school type indicate that nearly half (47%) of MS team members surveyed reported that the school counselor makes the contact for consent, as compared with 13% of the AVTS. Thirty percent (30%) of AVTS surveyed rely on the team member/teacher and 28% of AVTS respondents indicated consent was obtained by the case manager. When asked for the typical or dominant professional that obtains parent consent for SAP services, HS and NPS respondents cited that over one-fourth employ the SAP coordinator, school counselor and case manager. About 42% of J/SHS respondents utilize the SAP Coordinator, while only 30% depend on the school counselor and 11% rely on the case manager to make the contact for consent.

Written Informed Consent for SAP Services

The Pennsylvania Department of Education recommends that teams secure the informed written consent of parents prior to their children's SAP involvement. Informed written consent is defined as a formalized written document prepared by school professionals explaining student assistance services and importance of parental participation. Figure 4.3, shows whether consent is obtained from parents. Revealed is that 80% of team members participating in the study reported yes, while 12% reported no, with 8% uncertain. Regional differences show that 95% reported obtaining written consent in Region 3 as compared with 60% of those surveyed in Region 7, who report getting written consent. There is no appreciable difference by locality with 86% of team members from rural schools report garnering written informed consent compared with 77% of those in urban schools. Comparison by school type shows that 57% of NPS team members secure written consent compared with 96% in AVTS and 85% in HS.

FIGURE 4.3 Written Informed Consent By Region (Source: Team Member Survey)



Over 45% of SAP county administrators report that they have written specific guidelines that require agency professionals to obtain written consent from parents before seeing students in school, while 36% do not. Twelve percent of those surveyed reported that that they accepted oral consent from parents. Of the 45% who have specific guidelines, about 58% indicate that they have their own county-specific guidelines for their provider agencies, while 42% use those of another entity. There is broad variation between county regions on this issue, with 100% of those counties designated North using only those generated within their area, while 67% of those in the Southwest using county specific guidelines. The Southeast was evenly divided, while the central district primarily used those of another organization. When asked whose consent guidelines were used, 56% relied upon the PA Department of Education SAP Guidelines, while 33% reported using Bureau of Drug and Alcohol Program Treatment Guidelines. Interestingly, only 11% reported using the Department of Public Welfare Treatment Guidelines. Seventy percent (70%) of those questioned were aware of OMHSAS MH Liaison Guidelines, and of those, 84% felt that BDAP should produce a comparable set of Minimum Guidelines for D&A Liaisons.

Seventy-three percent (73%) of these administrators report that they have specific written guidelines to obtain written informed consent from parents to see their students in school, 18% report that they accept oral consent, while 9% report that they have no guidelines. There is some variation by district, where 100% of those in the North, 67% in the Central and 50% of those surveyed in the Southwest report that they have written county specific guidelines for parental consent for liaison services in school. Of these, 75% report that these guidelines are county-specific, meaning that they created them for use in their jurisdiction, while 25% rely on those of another organization. About half rely on the Family Educational Rights and Privacy Act, and half cite the 1966 Mental Health Act to assist in crafting consent guidelines.

Parental Participation

Parental participation is defined as active communication between the parent, the student, and the SAP team. Participation is distinct from contact, in that the parent is actually an active

participant in the decision making process. The top four methods for involving parents in the SAP process were:

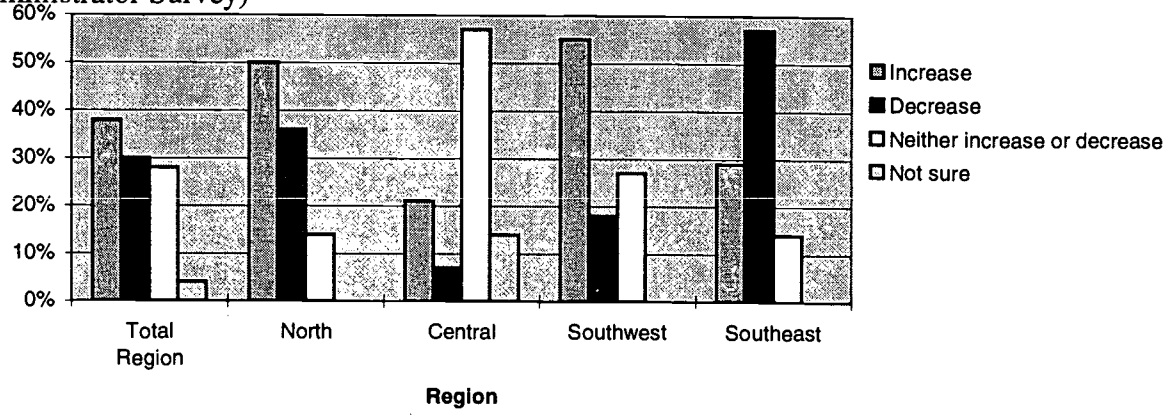
- Telephone call
- Individual meeting with a SAP team member
- Letter
- Meeting with the entire team

Eighty percent (80%) in Region 1 and 76% in Region 8 have parent meetings with the team. Over one-half (54%) use this mode in Region 4. Regions 1 and 8 are mostly urban, which suggests that the low number of parent/team member meetings held in Region 4 may be due to transportation issues as this Region is more rural. Over 70% of those surveyed in Region 2 report holding parent-student meetings with the entire team, while only 13% report using this modality in Region 5. In Region 6, 83% of the respondents report encouraging parental participation in the process by letters, while 39% in Region 4 use a letter.

A small difference exists among respondents from the AVTS, 94% of whom report that participation is encouraged by telephone call, 65% suggest this occurs through letters, while 39% noted meeting with a SAP team member is used. Only 27% noted that parental participation is encouraged through a meeting with the entire team. Nearly twice as many MS, J/ SHS, HS, and NPS team members reported that their teams encourage parental participation through meetings with a SAP team member.

SAP county administrators were directly questioned as to whether they believed the requirements for parental and student consent increased or decreased student participation. Thirty-eight percent (38%) of county administrators felt that student involvement increased, with 30% suggesting that student involvement decreased. Over one-quarter (28%) felt that the requirement neither increased nor decreased student involvement with SAP and 4% were unsure. Figure 4.4 shows a wide variation by district on the effect that requirements for student and parent consent have on students' involvement in SAP. More than half, 55%, of Southwestern and 50% of Northern administrators clearly indicate that the requirements for student and parental consent increase student involvement with SAP, while 57% of Southeastern administrators see that student involvement is decreased. More than half, 57%, of Central administrators felt that the student and parental consent requirements neither increased nor decreased student involvement with SAP. These results may be a function of how liaisons and teams are trained to work with parents, or as an effect of the impact of managed care. The only other distinction seen is that all SAP county administrators in the Southeast contract out for SAP liaison services.

FIGURE 4.4 County Administrators' Perception of Effects of Parental Consent on Student SAP Involvement by Region (Source: County Administrator Survey)



Viewing student and parental follow-through for assessment with community agencies, 38% of SAP county administrators perceived an increase, while 25% saw a decrease. Fifteen percent (15%) noted no appreciable difference. The highest reported increase is among administrators in the Southwest at 55%. The Northern Region was tied with 43% reporting an increase and 43% reporting a decrease.

During the site visits parent consent practices were also explored. The teams describe a time of adjustment to the new recommendations for parental contact, consent, and participation. One SAP coordinator felt her role was hampered by the need to get parental permission to enroll students in SAP as well as in educational groups. In another school, team members suggested the new requirements "slowed-down" their work, that they cannot process cases as quickly, but the overall participation of parents in the process is both positive and helpful. In addition, they have had to prioritize their cases. One team member said she feels her hands are tied when parents deny problems and do not consent to SAP services. The assistant principal on this team noted an interesting observation that points to the importance of administrators working closely with SAP. She noted: "in cases where parents have denied SAP permission to continue, I will usually see them after 2-3 more disciplinary referrals. The parents begin to see that a problem exists, and during my interview with them, I suggest SAP again, and get consent from them during the meeting."

The above team members agreed that the new recommendations took time to integrate, and making referrals to the MH and D&A liaison took longer, but at the end of the year, when the site visit was conducted, the number of referrals was about the same as last year. One team discussed losing members because of the change in requirements since the process was more time consuming, and this team did not have a scheduled meeting time during the school day. When asked how parental consent rates might be increased over current levels, some team members felt more training in dealing with denial, confidentiality issues and more time to make calls, access to private telephone and more scheduled meeting time during the school day, devoid of duties were discussed.

The D&A Liaison to one school team noted that she recommends that parents accompany the student to the assessment, which in this area is held at the agency. This agency's philosophy and mission promotes parental participation. An interesting systems conflict emerged in discussion with this professional. She cited that Act 63 promises confidentiality to students and if the agency cannot/does not get the consent of the student, the agency cannot involve parents in the process. She did note that in life threatening emergencies, parents are always contacted. An example where this confidentiality standard was broken occurred recently when inhalants (such as propane gas) were being abused, and when a pedophile was actively supplying alcohol to the student.

Focus group members suggested that good communication, relationship building, educating and networking with parents were the major strategies for increasing parental support and participation with SAP. Educating parents, not only about SAP, but about alcohol, tobacco and other drugs, mental health issues, and so forth, is seen as an important step in involving parents in the SAP process. These strategies need to take place both inside and outside of the school to involve more parents. Networking through organizations like the Parent-Teachers Association, as well as other grassroots community groups may afford good opportunities for these efforts.

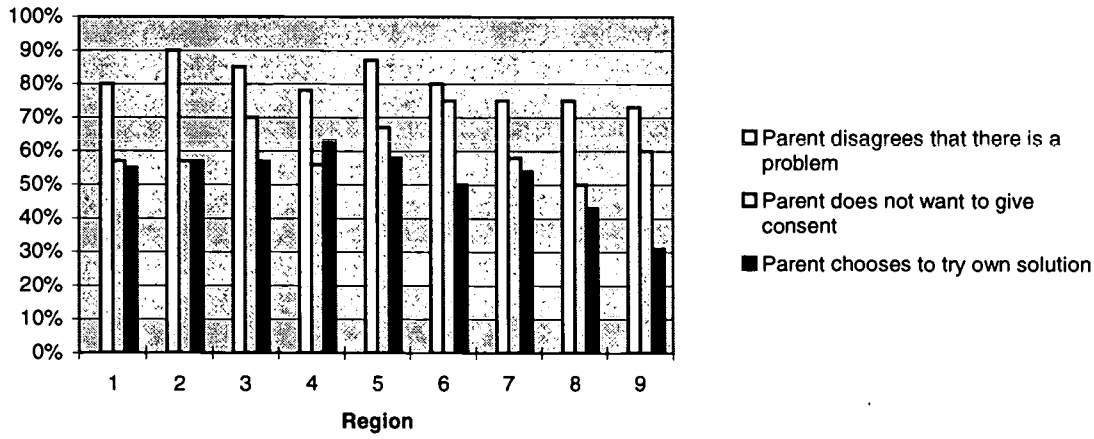
Participants in the focus group identified a good team as one that can bring the parent into the process with an attitude of compassion and empathy. They present themselves as allies and resources who are concerned with assisting the parent. In the interest of relationship building for the future, SAP teams offer this assistance, even when they know they may not get consent the first time. Most members were happy to include parents, but in some cases, consent is difficult to obtain, and occasionally may be detrimental to the child. Consent is hardest to get when communication is initiated via a mailed consent form only. Some teams represented in the focus group include the parent in the process when a conference with the student is held. A team member talks with the child about the concerns raised, and offers him or her the choice as to who should speak to the parent first. At that time, the parent is contacted by telephone and informed of the concern while the child is still in the office. Some respondents feel that parental consent is much more likely to occur with this type of contact.

Reasons for Refusal by Parents

Parents and guardians sometimes decline SAP services. Team members reported three reasons: parent disagree that there is a problem, parent does not want to give consent, and parent chooses to try own solution. The answers were consistent across the regions. Figure 4.5 profiles the primary reasons for refusal.

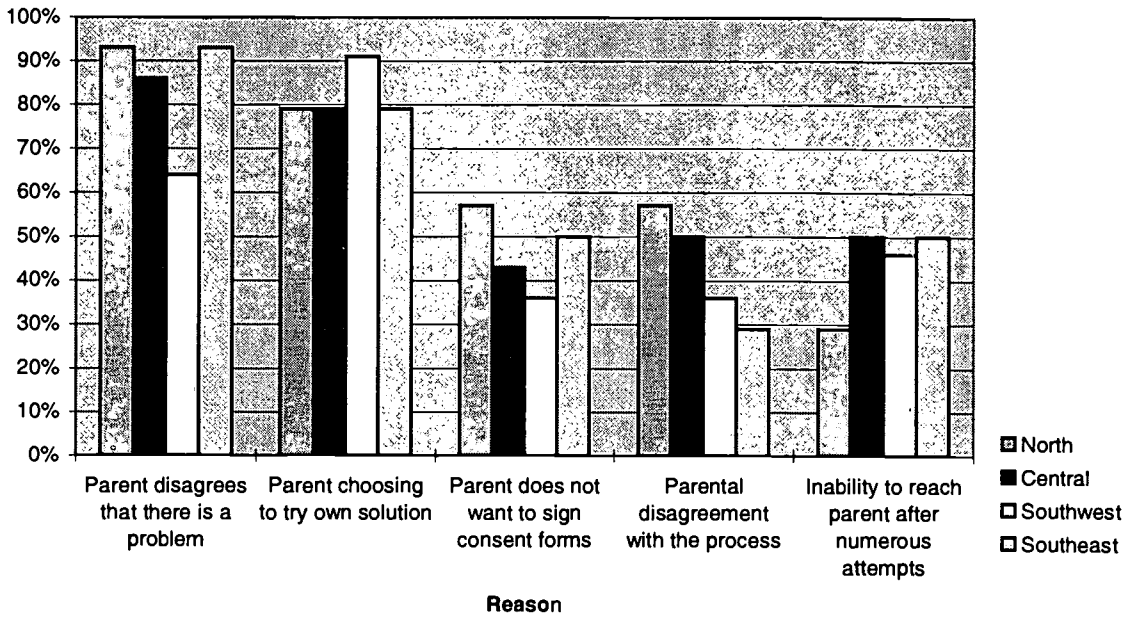
Ninety percent (90%) of those in Region 2 report that the most frequent reason for parents declining SAP services is that they disagree that there is a problem, compared to 73% in Region 9. In Regions 7 and 8, 75% report that parents disagree that there is a problem. Seventy percent (70%) of those in Region 3 state that the parent does not want to give consent, while Region 8 is lowest at 50%. Parents also choose to try their own solution. Region 9 reports that 31% do so, compared to 43% in Region 8 and 63% in Region 4.

FIGURE 4.5 Parent Reason for Refusal of SAP Service By Region
(Source: Team Member Survey)



County SAP administrators were also questioned about parent refusal of services. The administrators focused on why parents refuse to allow their children to participate in community services. The administrators report that the primary reasons that effect parents' decision not to allow their children to be involved in community services are that parents disagree that there is a problem (85%) and that parents choose to try their own solutions (79%). Other factors that influence parents decisions not to allow their children to be involved with SAP include parents not wanting to sign an informed written consent form, parental disagreement with the SAP process and an inability to reach parents after numerous attempts. Figure 4.6 shows a breakdown by region of the administrators' responses in counties/joinders that contract with community agencies to provide SAP services.

FIGURE 4.6 County Administrators' View of Factors Influencing Parental Refusal of SAP Services By District (Source: County Administrator Survey)



The only significant variation occurs in the Southwest Region, where 91% of administrators suggest that parents wanting to try their own solution was the highest reason given for refusal of community services by parents. The stigma associated with mental illness, as noted by a few of the administrators, was viewed as a barrier to involvement with SAP.

SECTION FIVE

EFFECTIVE INTERVENTION SERVICES

To appropriately explore the effectiveness of SAP's intervention services, it is important to examine them according to five aspects: (1) to identify the primary reasons students are referred to SAP; (2) once a student is referred, to delineate the principal actions taken by SAP, for example, is it recommended that a student participate in an in-school program or in a community based one; (3) to determine if the students are accessing the services and if the parents/guardians/family members are involved in these efforts, both in school and out of school; (4) to examine the provision of appropriate follow-up and aftercare services; and (5) to describe the desired outcome behaviors and the extent of achievement.

Types of Problems Referred to SAP Teams

To determine the effectiveness of the intervention, it is important to understand the types of problems referred to SAP teams. As discussed in Section Three, the teams see a variety of referrals necessitating a specific level of intervention. The results of the team survey indicate that the teams work with a variety of mental health, drug and alcohol behavioral indicators and policy violations, both D&A and non D&A.

When examining the types of referrals broken down by region and locality, the differences were negligible. However, comparisons between school types showed wider differences in the nonpublic schools when compared to the publics. For example, drug and alcohol issues were reported to be seen by100% of the members of the AVTS teams, followed by 96% from HS; however, 65 % of the team members from the responding NPSs report working with AOD issues. Suicidality was seen by 100% of the AVTS teams but by only 77% of the NPS teams. Over 98% of the AVTS report working with D&A policy violations while 69% of NPS teams report working with these violations. About 94% of the AVTS and 92% of the HS teams report accepting parent reports/referrals to SAP, while 74% of NPS respondents indicate that they accept referrals from parents. With regard to Non-D&A policy violations such as disciplinary infractions, 84% of AVTS teams compared to 58% of the NPS teams report such involvement. Student self referral to SAP is reported by 98% of the responding AVTS teams and 86% of the HS team respondents, while only 51% of the responding NPS team members cite this as a reason for referral.

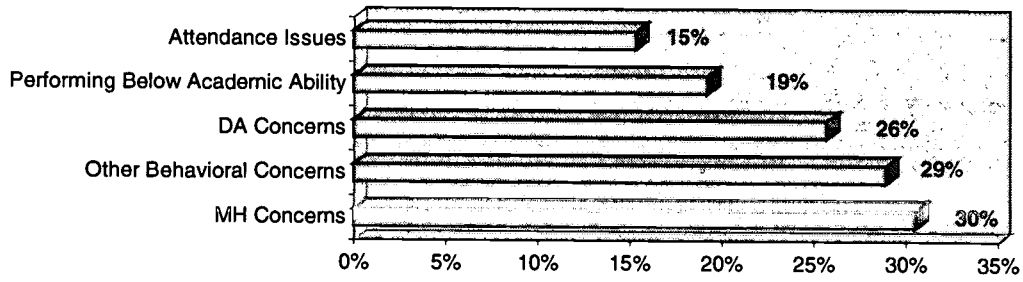
The data also indicate that there is no real variation between school types for students referred for drop in grades, while attendance issues are reported by 85% of the J/SHS teams and 54% of the NPS teams. Seventy-eight percent of AVTS teams report referrals for Violations of School Violence Policy (weapons) while 60% of MS and HS teams, and 37% the NPS teams surveyed report referrals for this issue.

MH and D&A behavioral concerns are followed by suicidal ideation in the AVTS. There is no appreciable difference between MS and HS by type of school. NPSs traditionally see lower numbers, with the highest reports for MH and D&A concerns, suicide and drop in grades.

The low reports from nonpublic schools suggest that the frequency and nature of problems experienced in NPSs are different, or that SAP is integrated into these school settings differently from the way it occurs in the public schools. The NPSs are not required to retain students who exhibit a variety of different behavioral problems. The AVTS by nature works with an older, perhaps riskier, population of students. In addition, AVTS work requires close supervision by faculty, more hands-on types of activities where teachers can see a variety of behavior issues that may be masked in a more passive, academic learning environment.

The types of referrals to SAP teams are also documented in the reports submitted to the Department of Education. Figure 5.1 provides a profile of the responses. The three top reasons for referral are mental health concerns, other concerns, and drug and alcohol concerns respectively. Other behavioral concerns consist of generalized behavior problems not easily labeled as MH or D&A related. In Pennsylvania, SAP teams are trained to identify behaviors that interfere with learning, and not necessarily identify them as MH or D&A related.

FIGURE 5.1 Primary Reasons for Student Referral to SAP Teams (Source: Pennsylvania Department of Education)

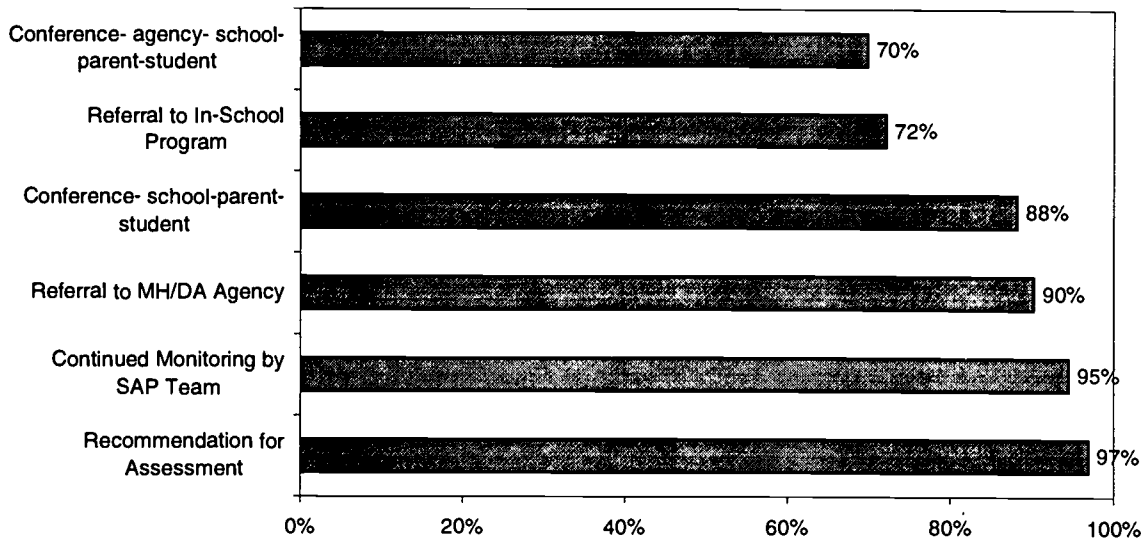


Similar reasons were identified at the site visits. Interviews with some teachers reveal that attendance and decline in performance are the two primary indicators that lead to a referral to the SAP team. However, others indicate changes in behavior such as a student seeming more depressed or angry.

Types of Actions Taken by SAP Teams

Intervention is broadly defined among Pennsylvania SAP teams by the actions taken to promote the student's academic and personal success. The primary actions taken by SAP Teams after referral and fact-finding, reported by the Team Survey are described in Figure 5.2. The primary types of actions include a recommendation for an assessment, 97%, continued monitoring by SAP, 94%, referral to MH and D&A agency, 90% and conference between the school, the parent and the student at 88%.

FIGURE 5.2 Primary Actions Taken by SAP Teams (Source: Team Member Survey)



There is no great variability by region. For example, over 90% or more of regions report that they do make recommendations for assessments. The variability occurs when comparing the results within regions 5 and 6 where 99% report this type of recommendation; however 91% of the responding teams in Region 9 cite this type of recommendation. The action of continued monitoring by SAP is mentioned by 98% of region 6 respondents and by 85% from region 4. With regard to referral to MH and D&A services the high is 96% in regions 3 and 5, while the low is 85% in region 8. All regions seem to follow the same primary steps to assist students and their parents/guardians.

When comparing localities, that is, rural, urban and suburban, there are no appreciable differences when making recommendations for assessment or in continued monitoring. For MH and D&A referrals, 94% of team member respondents from rural schools conference with school, families, and student; while 86% of suburban schools cite this type of action. Three fourths, 75% of respondents from urban schools refer to in-school resources while 68% of rural schools use this strategy.

School type comparisons suggest there is no difference in terms of recommendation for assessment, or for continued monitoring. A smaller proportion of respondents from NPS teams refers to MH and D&A agencies (71%) while 94% from the AVTS report doing so. Responses from all types of public schools (MS, J/SHS, HS) are about the same for these domains. Conference with school, agency, and parent is lowest in NPSs (50%) and 76% for AVTS. Referral to in-school programs is noted by 84% of AVTS respondents, 62 % of the J/SHS sample, followed by 60% of the nonpublic school team members.
Focus group participants indicate that good interventions involve the early identification of problems, preparation of a full spectrum of services, and providing good linkages with community resources. Teams depend on parents and staff other than team members to make referrals, an important step in the identification of problems. Offering a full spectrum of services is contingent upon team organization and good utilization of liaisons and community resources.

In turn, linkages with community resources and agencies were seen as a major role of a good liaison.

A. Service Recommendations

Based upon the needs of the student, SAP teams may make recommendations for services within the school or within the community. The following sections provide a description of the frequency in which specific services are recommended.

School-Based Services

Table 5.1 profiles the frequency in which various school-based services are recommended by SAP teams. The results indicate that the types of services recommended most frequently, that is, often/always are: follow up with a SAP team member or a counselor, each at 52%, followed by special groups, either D&A intervention or MH special group, 36% and 33% respectively. Approximately one third, 31% of team members indicate that they frequently recommend referral for academic support. One on one may be recommended more frequently as it may be viewed as a vehicle for addressing an issuing while protecting the privacy of the student and the family member. Participation in groups may be perceived as more stigmatizing, as it requires sharing of issues with others. It may be that after one on one, students and family members would be more comfortable moving into a group milieu.

TABLE 5.1 In-School Support Services Recommended by SAP Teams (Source: Team Member Survey)

Type of Service	Often/Always (N=1207)[1]
1:1 Follow-Up w/Team Member	53% (615)
1:1 Follow-Up w/Counselor	51% (591)
DA Intervention Group	35% (405)
MH Special Issue Group	32% (362)
Academic Supports	30% (332)
Other In-School Group	20% (224)
MH Aftercare Group	18% (207)
DA Aftercare Group	17% (197)
Formal Intervention	16% (184)

Community Based Services

As discussed in Section One, in Pennsylvania, the core team model utilizes trained school personnel to identify and intervene with students who are troubled by MH and/or D&A issues. It also includes the integration of community agency personnel as liaisons to the team. Liaisons are employed by drug and alcohol and/or mental health agencies, or by the county/joinder itself, to provide on-site pre-assessments, technical assistance, and a link with the larger systems that

[1]The question asked team members to indicate which services they recommend. Consequently, the number of responses for each item may be less than 1207 and the percentage is calculated accordingly.

they represent (MH Guidelines, 1997). A team's ability to take action on a referral in an effective fashion may be attributed to the amount of involvement time a community liaison has in the school. This aspect was addressed by determining the extent to which liaisons are actually involved in teams.

Drug and Alcohol Liaison Services

Results from the Team Survey indicate that 83.7% of participants stated that they received SAP liaison services from a D&A agent. With regards to frequency of involvement in the school, 40% of the respondents saw the D&A liaison one full day per week in their buildings. Nearly 32% of respondents noted that the D&A liaison spent less than one day per week serving in the school while 19% stated that this specialist spent more than one day per week in the building.

Regional comparisons indicate that of those in Region 5, 95% recount receiving D&A liaison services, while 92% of the respondents in regions 3 and 4 report overall receipt of such services. Region 8 is the lowest, with only 68% of schools surveyed indicating the receipt of D&A liaison services. There were also differences in the receipt of services when comparing school type. Fifty six percent (56%) of team members from non-public schools report receiving D&A liaison services; while the highest is reported by AVTS respondents at 96 %, followed by J/SHS at 90 %, and HS and MS at 84 %.

Regional comparisons of the frequency of receipt of D&A services indicate that 60% of respondents from Region 2 reported receiving services one day per week, while only 34% of respondents from Region 8 reported receiving weekly services. Regional comparisons focusing on receipt of services two or more days per week show that the highest is reported by Region 5 at 29% and the lowest is in Region 6 at 4%.

There were no real differences in the frequency of receipt of services when comparing responses by type of locality. However, when comparing the responses based upon school type, it was found that 84% of AVTS team members report D&A liaison service provision at least one day per week. In addition, approximately one half of the J/SHS and the nonpublic school team members report receiving services at least one day per week, 52% and 51% respectively.

Mental Health Liaison Services

Eighty-three percent (83%) of team member respondents indicated that MH Liaison services are provided to their SAP team. Nearly 40% of the team respondents noted the presence of the MH liaison for one day per week, and 31% saw the MH liaison less than one day per week. About 18% noted the presence of the MH liaison more than one day per week, with 11% marking unsure.

Regional comparisons indicate the highest percentage reported for MH Liaison services was for those respondents in region 8, with 76% noting the presence of the service provider at least 1 day/week.[2] The lowest was in region 6 with 45% of those surveyed noting that services are present at least one day per week. In region 4, 11% of the teams report having the liaison

[2] Due to managed care and other issues, many agencies in region 8 now offer both MH and D&A liaison services to schools. This may account for the difference in responses with regard to the provision of D&A liaison services when compared to the provision of MH liaison services.

involvement in the school three or more days per week; while in region 6, one third have MH services one day per week, and 12% have them two days per week. Approximately one fourth, 27% of region 8 respondents report receiving MH services at least 3 days per week

Locality comparisons yield little variation. However, comparisons based on school type indicate that nonpublic schools receive MH liaison services less frequently than the other types of schools. For example, 68% on the NPSs receive such services less than one day per week, while 74% of the HSs respondents indicate receipt of such services at least one day per week and almost 25% have MH services three or more days each week. Differences in frequency of receipt of service by school type may be a function of school size and of number of schools served by a contract provider.

The focus group participants stated that while most liaisons are not directly involved in the treatment of the child, they were responsible for assessments and the coordination of referrals to outside agencies. In addition, good liaisons are viewed as supporting the nature and degree of visibility of SAP teams within a school by acting as bridges between administrators and in-school team members, by maintaining an attitude of support for the student and by linking the SAP teams with the larger community. This role is viewed as important both in terms of referrals and also in terms of general parental support and community building among agencies.

B. Recommendations for Community Based Services

The results in Table 5.2 indicate that the primary recommendations for community based services are an assessment by an MH or D&A provider, each at 88%, followed by other social service involvement. Regional comparisons indicate that Region 8 reports the lowest frequency of recommendation to community services by SAP, 78%, and Region 7 is highest at 96%. For locale, there does not appear to be wide variation. Recommendations to community agencies are lower, but not substantially, for urban schools (84%) than for rural or suburban schools, each at 92%.

TABLE 5.2 Frequency of Recommendation to Community Services by SAP Teams (Source: Team Member Survey)

Recommended Service	Percentage (N=1207)
Assessment by D&A provider	88% (1067)
Assessment by MH provider	88% (1060)
Other social service involvement	79% (957)
Juvenile probation/legal system	40% (488)

Comparisons by school type indicate that the frequency of D&A or MH recommendations is highest in HS (95% and 92% respectively). However, it is lowest in the NPSs, 59% and 68% for D&A and MH respectively. Seventy-one percent (71%) of AVTS report making referrals to Juvenile Court compared to 47% in HS and 3% in NPSs. The low rate in nonpublic schools may also be a function of the types of students who are allowed to remain in them. In some instances, students who are experiencing barriers to learning move from one type of school to another.

The types of services recommended by SAP teams are also documented in the reports submitted to the Department of Education. As depicted in Table 5.3, the primary services recommended are MH assessments and D&A assessments.

TABLE 5.3 Services Recommended by the Core Team
(Source: Pennsylvania Department of Education)

Recommended Services	Percentage (N=8104)
MH Assessment	25% (2026)
D&A Assessment	17% (1378)
Other Social Service Agency	7% (567)
Other	45% (3647)
Juvenile Probation	3%(243)

The distribution of the types of services recommended as reported to the Department of Education is similar to that reported in the statewide survey. However, the proportions are smaller which may be a function of the data source. The statewide survey is based upon team member perception, while the PDE survey is student based. In other words, they refer to records maintained on students who are involved in SAP.

As previously discussed, a survey of County Program Administrators responsible for the provision of SAP-liaison services was conducted to obtain their perspective regarding the role of SAP and community based agencies in schools. These services that are provided to schools by community based agencies are primarily funded via contracts with the county. They also fund agency participation in school SAP team meetings to promote early identification and problem solving. It is expected that by their presence in these meetings, liaisons are able to bring different perspectives, knowledge, and skills to the team.

Table 5.4 provides a profile of the types of agencies involved in county contracts for SAP Intervention services. The data show that 43 % of the county administrators contract with mental health agencies, 36 % with MH and D&A agencies, and 33% with D&A organizations. Other types of providers with whom the counties contract are independent consultants and base service units for these services. A negligible number noted agreements with school districts and intermediate units as licensed providers of these services.

TABLE 5.4 Types of Agencies Contracted to Provide SAP Intervention Services
(Source: County Administrator Survey)

Contracted Agency	Percentage
MH Only	43%
MH/D&A Agency	36%
D&A Only	33%
Independent Consultant	29%
Base Service Unit	29%
OTHER	17%

Services Provided by Contracted Agencies

Counties, and in some cases the schools themselves, contract with different types of agencies to provide a variety of services in schools. Such services include: SAP intervention services, participation in SAP team meetings, crisis management and postvention services, in-school educational support groups and parent education and consultation. Results of the county administrator survey indicate that these services are primarily provided by MH agencies, followed by MH/D&A and D&A agencies.

As indicated in Table 5.5, agencies use more than one assessment model, suggesting that students and parents may be given the option as to where they would like to have such an assessment occur. The primary assessment model utilized is a one to one assessment with the student and parent at the school, 93%. This may be attributed to the presence of a liaison at the school at least one day per week, making it easier to provide the service at the school. This may reduce travel time and transportation issues. For example, one of the schools that participated in the site visit indicated that the agency's location was one hour away from the school, making it difficult for parents and students to travel to the program. The other type of assessment occurs at the agency, but this happens in only 38% of the cases. In addition, interventions, when they occur, primarily take place at the school. This may be related to difficulties with transportation, parent work schedules and the agency's hours of operation may conflict, or the stigma attached to entering a community-based facility.

TABLE 5.5 Assessment Models Used by Contracted Provider Agencies
(Source: County Administrator Survey)

Assessment Modality	Percentage (N=53)
1:1 Assessment w/Student, Parent at School	93% (39)
1:1 Assessment w/Student, Parent at Agency	38% (16)
Intervention Group at School	33% (14)
Intervention Group at Agency	14% (6)

Services Recommendations

As discussed in the previous section, one of the functions of the contracted service provider is to conduct an assessment to determine the types of services needed by the student and/or family and to make a specific recommendation for service. Such information is reported to the

Department of Education. The primary service needs based upon the assessments relate to mental health, support/aftercare and D&A issues. The majority of services are outpatient in nature, as indicated by 16.8 % of the recommendations being made for outpatient mental health services compared to 2.7 % for inpatient mental health services. Students with more serious conditions may already be receiving help in the community and may not be interfacing with SAP. In addition, mental health issues may be more easily identifiable than those related to a drug and alcohol problem.

Factors that May Effect Service Acquisition

As indicated in the statewide performance database, the majority of students, 61%, receiving a recommendation for service actually accessed the services. Greater than one fourth, 29%, did not access the services and the remainder accessed some of the services. The primary reason given for not accessing services is student refusal, 41%, or parent/guardian refusal, 36%.

This finding is supported by site visit and focus group information, as many of the team members indicated that some families were not interested in accessing services due to the stigma of mental illness or the desire to manage the issue without the help of the school or the agency.

Finally, the results of the statewide survey of SAP team members indicate that parent/guardian refusal and student refusal (60% and 54% respectively) are the primary reasons for not accessing services in the community. Other reasons cited include transportation problems, 44%, lack of insurance, 43%, and cost, 34%.

Regional comparisons are similar, with the exception of Region 2 in which respondents cite student refusal and 69% mention parent/guardian refusal as the primary reasons for services not being accessed. Lack of insurance is highest in Regions 1 and 3, at 53% and 52%, 70% of team respectively, and lowest in Region 2 at 27%. There are also no significant differences when comparing locality. However, school type comparisons indicate that student refusal is reported by a larger proportion of respondents from AVTS, 86%, than from MSs or NPSs, 40% and 41% respectively. Two thirds, 67%, of the MS respondents cite parent refusal as an important reason for services not being accessed, while 47% of AVTS respondents cite this as an issue.

In examining the reasons for services not being accessed, significant qualitative information surfaced from both site visit and focus group participants. Some members articulated that managed care does not always operate with the best interests of the adolescent in mind; nor are some parents adequately insured. This is seen as a systemic, political dilemma that will have to be addressed on a long-term basis. No concrete suggestions were given concerning how best to approach this problem.

Utilization of a Comprehensive Plan to Address Risks to the Student

Post intervention assessments are conducted by community agency liaisons who work with schools. As described above, various assessment models and tools are utilized to address a variety of home, school, and community-based issues. This area was not directly addressed in the statewide survey; however, indirect evidence from the statewide and county administrator surveys, as well as from the site visits, can assist in discussing the role of parents, school and community resources used to meet the areas of identified risk.

As described in Table 5.5 the primary assessment model includes the parent and student at the school. This probably makes it easier for the service provider to engage the student and the family member in a convenient location, thereby limiting the likelihood of student or parent/guardian refusal in the process.

This area was explored in more detail at some of the site visits. For example, a structured interview of the D&A liaison held during one site visit indicated that as long as students sign a release of information, a one-page summary of assessment results is sent to the team. This summary only contains a profile of use, risk factors, and recommendations. Interestingly in one county, if the county co-funds treatment, the treatment agency is required to send school-based strategies which reinforce treatment plans. Private agencies are not required to do this, and generally there is little communication between these resources and the schools. If the child has been hospitalized, a re-entry conference is scheduled one week prior to the student's return to school. No child in this particular county is denied D&A treatment because of inability to pay.

One MH liaison noted that when students attend treatment with her agency, she is the link between the school and the agency. This liaison finds that working directly with the guidance counselor and SAP team, and as a SAP member is most helpful in shaping school-based strategies that complement treatment and aftercare goals. If the student is referred and attends treatment at another agency, the guidance counselor usually gets the information, which may not always get to the team, or the liaison who can provide aftercare support.

As previously discussed, the primary mode of assessment occurs as a one to one assessment with student/parent at school (93%) while 38% report this occurs at the agency. The third most preferred mode of assessment is by intervention groups run at the school. There is considerable variation by region, with 100% of Southwest and Central regional county administrators stating that the 1:1 assessment with the student/parent occurs at school, while only 80% in the North and 93% in the Southeast reporting this. 71% of administrators in the Southwest report agency-based assessments with student/parent, compared with 50% of those in the North. Only 29% of respondents in the Southeast and 18% of those in the Central regions cite this modality. Southwest administrators report the highest frequency of intervention groups held at school to be 43% while the lowest occurs in the North at 20%. Both Central and Southeast regions cite this mode at 36%.

Acquisition of Recommended Services and School/Parent Involvement

Overall, SAP teams do have some involvement with agencies, which, with parental consent, notify the schools of treatment status and share treatment and aftercare plans. Table 5.6 profiles the frequency of involvement of SAP team involvement in treatment and aftercare plans. Twenty percent (20 %) of the team members report being involved always/often in notification of treatment status and 19% of teams report being involved often/always in treatment and aftercare plans with agencies. In addition, approximately one half of the respondents report sometimes being involved in these ways. Sixteen percent (16%) of team members surveyed report being involved always/often in regularly scheduled agency and school planning meetings, while 34% report this occurs sometimes. However, less than one third, 30% state that it never

occurs. Outside agencies involve SAP teams sometimes, 34%, 29% never and 11%, often/always.

When questioned about the frequency with which outside agencies involve the SAP teams in joint meetings with school, students and family members, 47% state this occurs sometimes, 22% never and 11% often/always. Weekly telephone conversations occur between agencies and SAP teams sometimes, 30%, never 33%, and 6% always/often. One third, 33%, of the respondents report monthly telephone conversations between schools and agencies, while 28% state they never transpire and only 7% state that this occurs often/always. Interestingly, 46% of participants suggest that outside agencies sometimes involve the SAP teams in notification of treatment status compared with 20% reporting this takes place always/often.

TABLE 5.6 Frequency of SAP Team Involvement in Treatment and After Care Plans (Source: Team Member Survey)

Type of Involvement	Often/Always (N=1207)[3]
Notification of Treatment Status (N=1097)	21% (233)
Treatment and Aftercare Plans (N=1128)	20% (220)
Scheduled Agency and Team Planning Meetings (N=1117)	18% (198)
Periodic Plan Review (N=1077)	12% (129)
Joint Meetings with School, Student & Family (N=1102)	12% (131)
Monthly Telephone Conversation (N=1039)	8% (86)
Weekly Telephone Conversation (N=1057)	7% (71)

When teams are not involved, 56% of teams surveyed report that parent/guardians refuse to give consent for this information sharing between the treatment agency and the school. In addition, 41 % of the respondents believe it is because consent from parents/guardians is not obtained, while 29% were uncertain about the lack of involvement. Other reasons for lack of involvement are due to the high caseload involvement that makes it difficult for agencies to work with schools, 17%, and agency's possible misinterpretation of confidentiality laws, 9%.

Regional comparisons indicate some variation regarding this issue. For parent/guardian consent not obtained, 49% both in Region 3 and 6 and 24% in Region 4 marked this response. Parents/guardians refusal of consent is cited most in Region 3, 71%, while Region 4 is the lowest at 37%. One third, 32% of respondents in Region 4 indicate that agencies are unable to work with schools due to the volume of the caseload, while this is cited by only 9% of respondents from Region 6. There is no appreciable difference with regard to this issue when comparing localities.

Analysis of the data by school type suggests that the most frequent reason for the lack of collaboration between schools and treatment providers is consent refusal by parents with the 78% of AVTS noting this, 56% of MS and HS, 55% of J/HSH and 44% of NPS. Of the schools

[3]The question asked team members to indicate which services they recommended. Consequently, the number of responses for each item may be less than 1207 and the percentage is calculated accordingly.

surveyed, 48% of J/SHS and 45% of AVTS suggested that parent/guardian consent was not obtained, compared with 43% of HS and only 21% of NPS indicating that this is an issue.

A. Access and Completion of Recommended Services

One evaluation goal was to determine whether students and families access and complete recommended services. As previously discussed, SAP teams make recommendations for assessment to licensed drug and alcohol, licensed mental health and other social service agencies such as Children Youth and Families, as well as juvenile probation. Thus, it was necessary to look at the types of recommendations made, and why services are refused

Recommendations from Agency Assessment

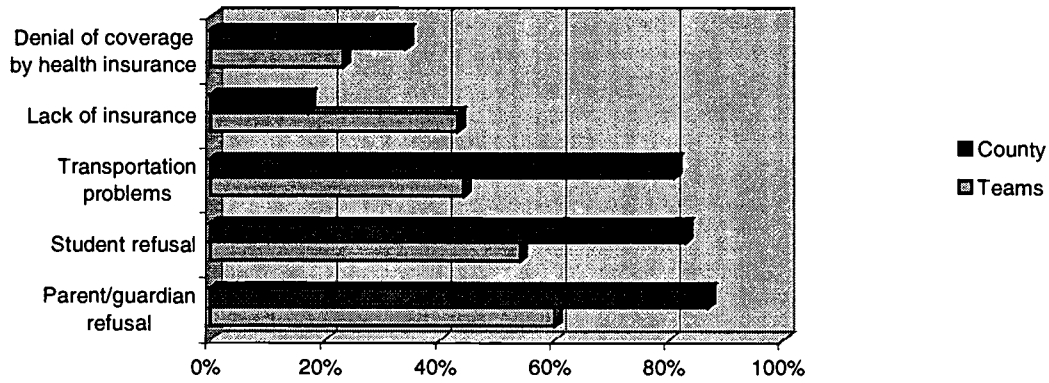
Based on those who received a recommendation to community agency services, 18% were referred on to further mental health treatment on an outpatient basis, and 9% to other community services. Eight percent (8%) of students were directed to outpatient drug and alcohol treatment as well as to in-school support and aftercare services. For the 5% of those assessed, no community agency referral was given for further treatment while inpatient mental health and drug/alcohol treatment were suggested to the 3% and 2% of students, respectively.

The Statewide SAP Performance Database results indicate that over two-thirds of those assessed accessed all or some of the recommended services. When viewing the results, 58% are noted to access all recommended services, 12% access some of the recommended services, while 30% do not access recommended services. When students and parents do not access the recommended services, the most frequently cited reasons are parent and student refusal.

B. Failure to Access Recommended Services

Both SAP county administrators and surveyed SAP team members noted that the two major reasons that students do not access recommended community services are parent/caregiver refusal and the student's refusal. SAP county administrators were also concerned that transportation problems and denial of coverage by health insurance also play a role in the failure to access services. As presented in Figure 5.3, about one-third (32%) of administrators noted that scheduling conflicts are an issue, while 28% noted that waiting lists prevented students from accessing recommended services.

FIGURE 5.3 Reasons for Failure to Access Community Services from Team Member and SAP County Administrator Perspective (Source: County Administrator Survey)

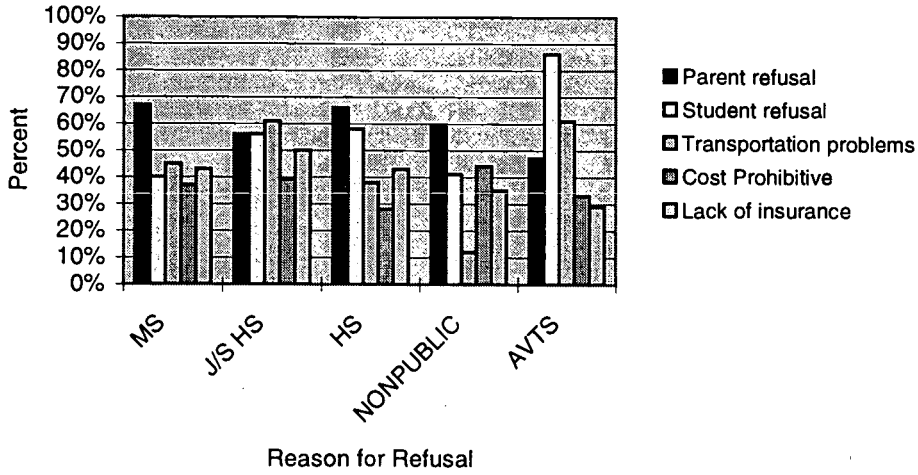


Regional comparisons indicate that parent refusal is reported most often by Region 2 and 8 at a high of 69% and a low in Region 9 at 47%. Student refusal is highest in Region 2 and lowest in Region 9 at 44%. Transportation problems are highest in Regions 2 at 59% and lowest in Region 8 at 30%. Lack of insurance was described by 53% of respondents in Region 1, where Health Choices for Medical Assistance has been implemented, and lowest and in Region 2 at 27%.

Rural, urban and suburban schools show modest differences in reason for failure to access services. For all locales, parent/guardian refusal is rated highest, followed by student refusal in the rural and urban schools. The suburban schools indicated that transportation problems were a greater issue as rated by 57% of those reporting, while this was only a significant issue for 43% of rural schools and 34% of urban schools. It may be that time is more of a constraint on the parents/guardians of suburban students, than actual distance traveled. There is no significant variation between the scores for those indicating lack of insurance as a cause.

Comparison of team members' responses show some significant variation by school type as demonstrated in Figure 5.4. Parent refusal is the major reason that services are not accessed as indicated by MS (67%), HS (66%), and NPS (59%) types. This is not the dominant reason indicated for the AVTS population or J/SHS surveyed. Over 86% of the AVTS population participating in the survey cite student refusal as the significant reason, while 61% of the J/SHS respondents state that transportation problems are the most important reasons why services are not accessed. The AVTS as mentioned earlier, generally deal with an older student who characteristically has goals that differ from the student population in middle, J/SHS, NPS and HS. Teams at the J/SHS (61%) and AVTS (61%) see transportation issues as a significant reason why recommended services are not accessed. Transportation issues do not appear to be a significant issue in the NPS (12%). Perhaps this is due to the fact that there are a large number of K-8 grade school buildings, who deal with a significantly younger population. Parents of younger children may be more inclined to accommodate transportation needs in this case.

FIGURE 5.4 Primary Reasons for Failure to Access Recommended Services by School Type (N=1207) (Source: Team Member Survey)



A regional comparison of the county administrator responses shows little variation. For example, student refusal occurs most often in the Southeast, at 93%, while it is lowest in the Southwest at 73%. Parental refusal for a service is highest in the Central area, compared to the low occurring in the North at 79%. Transportation problems are highest (86%) in the Central and Southeast regions, and lowest in the Southwest at 73%. The Southwestern administrators noted denial of coverage by health insurance most often, at 46% compared to 21% in both Central and Southeast regions. Schedule conflicts are noted by 43% of Southeast administrators, while these are lowest (21%) in the North. Lack of insurance is highest in the North at 21%, while only 14% of Central and Southeastern administrators note this as an issue. Other reasons cited by administrators for failure to access recommended services include the stigma associated with mental health treatment (60% of the 9% total surveyed.) This is seen predominantly by administrators in the Central and Southwest regions.

C. Provision of Appropriate Aftercare (follow-up) Services by the Contracted Providers and SAP Teams

School-Based Support and Aftercare

SAP teams do recommend in-school aftercare services, both for mental health and drug and alcohol issues. Nearly 3% of those served through SAP in 1997-98 were referred to in-school mental health aftercare groups and 2% were referred to drug and alcohol aftercare groups. The dominant in-school service, as discussed in Table 5.4 is one to one monitoring conducted by a school SAP team member or guidance counselor at 52% of those served. No measurement of aftercare service provision is made on a one to one basis, but may provide a needed perspective. Schools may not see themselves as furnishing aftercare because they do not know they should, may not have the necessary staff, training or resources to provide it, or because parents and students may not see or desire it as an option.

Approximately two thirds of team members reported that follow-up services were provided to schools. The highest reported rate of follow-up occurs in Region 8, at 82%, while the lowest rate reported in Region 5 at 57%. In terms of locality, 70% of rural school team members, 69% of urban team members, and 59% of suburban team members related that they provided follow-up services. The highest rate of reported follow-up transpired at the HS level at 71%, followed by NPSs at 69%, AVTS at 67% and 62% at both the MS and J/SHS levels.

Formal follow-up mechanisms include telephone contact with parent/guardian, 91%, follow-up meeting with parent/guardian, 68%, and follow-up letter, 33%. There is variation by region, with the highest reported method of follow-up being telephone contact with parents in Region 8 at 95% and the lowest in Region 2 at 81%. The highest score for meeting as a follow-up mechanism was reported by Region 4 at 77% and the lowest by Region 44% for Region 5. Variation among the regions occurred also with the follow-up letter, as 46% in Region 5 and 9% in Region 4 marking this option, high and low score respectively.

There does not appear to be much variation by locality for the telephone contact or meeting. Divergence does exist however with the letter, where 40% of rural school team members 34% of suburban and 29% of urban schools, report using this method. Variation by school type shows 97% of AVTS, 95% of HS, 90% of MS, 89% of NPS and 85% of J/SHS use telephone contact as a follow-up mechanism. More NPS team members report using the meeting with parents as an approach at 80%, followed by 70% of AVTS, 69% of HS, 66% of J/SHS and 65% of MS. The only real difference for use of the letter as a follow-up strategy is at the AVTS, where 48% of team members reporting this modality, as compared with 35% at the J/SHS and nonpublic school type, while 32% at the HS and 30% at the MS use the letter.

Community Based Support and Aftercare

Interestingly, county administrators report that agency liaisons provide aftercare services to students primarily through groups. Of those surveyed, 20% report providing MH aftercare groups, and 18.8% report providing D&A aftercare groups. By region, mental health agencies are contracted for this service at about 36% with the high score in Southwestern region at 43% and the low in the Central region at 27%. Fifty seven percent of those surveyed in Southwestern region contracted with D&A agencies for this service, while only 9% of those in the Central region contracted with D&A agents for this service. About 17% of administrators surveyed contracted with both MH and D&A agencies for aftercare groups, with 29% of the Southeast region, 14% in the Southwest region, 10% of the Northern region and 9% of the Central region reported this occurring. In the Central region, 55% of respondents marked that no school-based aftercare services were contracted to agencies. Of the 12% of respondents marking "other," 100% of administrators in the Southeast use independent consultants to provide aftercare services in school.

Delineation of Desired Outcome Behaviors for Students Referred to the SAP and Extent of Achievement

As discussed in Section Three, there appears to be some evidence of change in student behavior due to SAP as indicated by 90% of those responding to the team survey. Both the 1997-98 SAP Performance Report, as well as the statewide team member survey show some indication of alteration in student performance.

The actual outcomes as reported in the Statewide Performance Report resulting from involvement in SAP include reduced disciplinary infractions for half of the referred students, decreased teacher concerns for 45%, and improved grades for 41% of students referred to SAP, and improved attendance for 39% of referred students. In addition, less than one-third, 31%, did not incur any additional D&A Policy violations. Grades either improved or remained the same for one-third of referred students.

SAP team members were also asked if there was evidence of change in student behavior as a result of SAP involvement. Almost all the team member respondents (90%) reported changes in student behavior as a result of the students' involvement in the SAP program. The top four behavior changes evidenced:

- Reduced disciplinary infractions (50%)
- Decreased teacher concerns (45%)
- Improved grades (41%)
- Increased attendance (39%).

There was no difference in evidence of behavior change across regions but the type of behavior change seen varied by locale and type of school. Rural schools more often saw no additional D&A policy violations (39%) compared to the urban and suburban school respondents (29%).. In addition, rural school respondents were more likely to see a decrease in teacher concerns (55%) compared to urban schools (39%) and in suburban schools (48%).

According to school type AVTS respondents were most likely to report no additional D&A policy violations (69%) as compared to MS (26%), J/SHS (27%), HS (32%), and NPS (33%). The NPS respondents most often reported decreased teacher concern (60%) as the most common behavior change as compared to MS (46%), J/SHS (44%), and AVTS (35%).

SECTION SIX

CONTRACT PROVIDER ASSESSMENTS

SAP teams collect objective information on a student to make an informed decision as to the appropriateness of an outside referral. School student information forms generally include fact-finding such as academic performance, specific observable behaviors, class attendance, and physical behavior. Student action plans include mentoring by SAP team, referral to SAP support groups, referral to school-based programs, referral for mental health/drug and alcohol assessment, or refusal of service. Three aspects of contract provider assessments were investigated: (1) referral process to contract providers, (2) types of assessment utilized by SAP programs, and (3) contract provider assessment tools and procedures.

SAP Referral to Contract Providers

Contract community providers are the link for students from the educational to the appropriate level of care. Once a student has been recommended for an assessment, a professional MH and D&A liaison is contacted to determine the severity of the identified problems. This professional is usually a clinician with training and experience in the areas of substance abuse, child development, education and mental health. Primarily, licensed MH and D&A liaisons, social service agencies such as Children and Youth Services, and juvenile court, perform assessments. During these assessments both students and parent/guardians are interviewed in order to gather information concerning the student's past and current functioning. At the conclusion of the assessment, the assessor will provide the student and family with recommendations and an appropriate referral for further treatment, if necessary. Referrals can be made to community agencies, professionals, support groups and/or in-school resources.

Types of Assessments Utilized by SAP Programs

As discussed in Sections 3 and 5, the types of problems referred to SAP teams are: behavior problems with mental health as the main concern, behavior problems with drug and alcohol as the main concern; suicide ideation, including gesture and attempts; and violation of school policy that is drug and alcohol involved. (See Table 3.4)

SAP teams have a variety of resources available to recommend to parents. These resources can range from educational to psychological professionals, both within and outside of the school. The primary services recommended to parents by most teams are: both drug and alcohol and mental health agency assessments, 89%, conferences with a school counselor, 86%, and academic assessment 63%. Table 6.1 profiles the types of assessments recommended by the SAP team members.

TABLE 6.1 Types of assessments used by SAP programs (Source: Team Member Survey)

SAP Program Assessment[1] Region totals	Percentage (N=1207)
Drug and alcohol agency assessment	89% (1077)
Mental health agency assessment	89% (1072)
School counselor conference	86% (1032)
Academic assessment	63% (754)
School psychological assessment	60% (723)
Multi-disciplinary evaluation	50% (606)
School social worker assessment	28% (334)
Other	4% (48)

School team respondents in MS, J/SHS and AVTS indicate that their programs use the following types of assessments: drug and alcohol, mental health, school counselors, and academic. Fewer NPS team members report using mental health assessments (67%), school counselor/ school psychologist (55%), drug and alcohol (54%), and multi-disciplinary evaluations (33%). Table 6.2 shows the breakdown of the type of assessments by school type.

TABLE 6.2 Type of Assessments by School Type (Source: Team Member Survey)

School Type	MS (N=428)	J/SHS (N=197)	HS (N=455)	NPS (N=78)	AVTS (N=49)
Drug and alcohol agency	88% (378)	91% (180)	94% (429)	54% (42)	98% (48)
Mental health agency	91% (388)	88% (174)	91% (412)	67% (52)	94% (46)
School counselor	91% (388)	84% (165)	85% (388)	59% (46)	92% (45)
School psychologist	61% (262)	61% (120)	62% (280)	55% (43)	37% (18)
School social worker	26% (110)	11% (22)	40% (182)	14% (11)	18% (9)
Multi-disciplinary	49% (209)	52% (102)	53% (240)	33% (26)	59% (29)
Academic	60% (257)	56% (111)	68% (310)	67% (52)	49% (24)
Other	3% (14)	6% (12)	4% (18)	4% (3)	2% (1)

Drug and alcohol and mental health assessments and school counselor conferences are most commonly available in rural, urban and suburban localities. Locality does not appear to be a determinant in the category of professionals performing assessments. Table 6.3 compares the type of assessment by type of locality.

[1] The question asked team members to indicate which services they recommend. Consequently, the number of responses for each item may be less than 1207 and the percentage is calculated accordingly.

TABLE 6.3 Type of Assessments Used by SAP by Locality (Source: Team Member Survey)

Locality	Rural (N=247)	Urban (N=543)	Suburban (N=417)
Drug and alcohol agency	91% (224)	86% (467)	93% (386)
Mental health agency	91% (224)	87% (472)	90% (376)
School counselor	91% (225)	81% (440)	88% (367)
School psychologist	64% (157)	60% (326)	58% (240)
School social worker	27% (67)	36% (195)	17% (72)
Multi-disciplinary	58% (142)	52% (282)	44% (182)
Academic	61% (151)	67% (364)	57% (239)
Other	2% (4)	5% (28)	4% (16)

Contract Provider Assessment Tools and Procedures

Contract provider assessments are utilized to accurately and efficiently determine the types of services needed. As discussed in Section One, carefully selected assessment procedures can quickly and validly evaluate severity of substance dependence, adverse consequences, contributing roles of further emotional and behavioral problems, cognitive and environmental stimuli.

Many types of screening instruments are available to providers. County administrators report that substance abuse and mental health screenings are done by contract provider agencies using both informal and formal measures. Many use their own self-developed intake tool that is individualized for specific populations and/or situations, but the majority use more diagnostic instruments and standardized measures. Assessments generally include a thorough biological and psychosocial history including abuse (physical, emotional, and sexual), involvement with law enforcement/juvenile justice, drug and alcohol history, and DSM IV diagnosis if appropriate. Table 6.4, shows the contract provider agency assessment tools and instruments as reported by the County administrators.

TABLE 6.4 County Administrator Report on Assessment Tools/Instruments Used Regularly by Contract Provider Agencies (Source: County Administrator Survey)

Provider Assessment Instruments (N=53)[2]	Percentage
Developed their own tool	32% (10)
Adolescent Problem/Profile Severity Index	23% (7)
Substance Abuse Subtle Screening Inventory	19% (8)
American Society of Addiction Medicine Adolescent Survey	16% (5)
Conner's Rating Scale	10% (4)

[2] The question asked respondents to check all the assessment tools used by county providers. Consequently, the number of responses for each item may be less than 53 and the percentage is calculated accordingly.

Thirty-two percent (32%) of county administrators reported that the provider agencies used a self-developed assessment tool. Standardized assessment tools cited include the following: Adolescent Problem Profile Severity Index (APPSI), 23%, Substance Abuse Subtle Screening Inventory (SASSI) 19%, American Society of Addiction Medicine (ASAM) for adolescents, 16%, and the Conner's Rating Scale for mental health, approximately 10%. Additional instruments utilized include the Child Behavior Checklist, Index of Family Relations, Personal Experience Inventory, Michigan Alcohol Screening Test, Addiction Severity Index, Minnesota Multiphasic Personality Inventory, Alcohol and Drug Consequences Questionnaire, and Generalized Contentment Scale (The National GAINS Center for People with Co-Occuring Disorders in the Justice System, 1997).

SECTION SEVEN

SCHOOL-BASED PROBATION OFFICERS

A school-based probation officer is a juvenile probation officer with a school as his or her primary work site, whose authority is governed by the Juvenile Act and relevant school policies. The officer delivers services using the concept of the "balanced approach" to ensure community protection and public safety, client accountability, and the development of client competencies. As one of his or her duties, each SBPO is required to be SAP trained. It is expected that each SBPO will be a member of the SAP team and that, at a minimum, he or she will attend all meetings related to probation clients. Investigated in year one was the school based probation officer SAP involvement.

School Based Probation Officer SAP Involvement

Data on the school based probation officers program was collected through the team member and county administrator surveys and the site visits. The results indicate that 22% of the team members surveyed report that a school based probation officer participates on the SAP team. The PCCD indicated that during the 1998-1999 school year, 141 out of the 501 school districts (28 %) in the Commonwealth have access to school based probation officer involvement in schools.

Examining the response patterns of the team members who reported school based probation officer participation reveals a consistent view of the officers' tasks. Table 7.1 profiles the tasks of these officers. The primary tasks include monitoring student behavior, 74%, participating in team meetings, 53%,and providing one to one counseling, 48%.

TABLE 7.1 Primary Tasks Performed by School-Based Probation Officers (Source: Team Member Survey)

Task	Percentage (N = 269)
Monitors student behavior	74% (199)
Participates in team meetings	53% (142)
Provides one to one counseling	48% (128)
As needed	32% (85)
Refers students to SAP	22% (60)
Informal contact	20% (55)
Monitors student grades	19% (52)
As invited by team	13% (36)
Probation officer contacts team	10% (26)
Telephone conversation	9% (24)
Provides group counseling	6% (17)
Other	4% (12)

The above section provides a description of the tasks performed by the probation officer from the perspective of the team members. The SBPO's tasks were also examined from the perspective of the ten probation officers who responded to the survey and may not be reflective of all probation officers that sit on SAP teams. When asked to cite the most important tasks of the SBPO on the SAP team, the responses corresponded with the results in the team survey: monitoring behavior and attending team meetings.

Likewise, the responses of the county administrators corresponded to the same activities of the school-based probation officers as reported by the team members. As indicated in Table 7.2, the county administrators were asked to indicate ways school based probation officers were involved with SAP teams. The administrators concur that monitoring behavior and participating in team meetings were the top two SBPO tasks.

TABLE 7.2 County Administrator Perceptions of School-Based Probation Officer Tasks (Source: County Administrator Survey)

Task	Percentage (N = 37)
Monitors student behavior	70% (26)
Participates in team meetings	68% (25)
Refers students to SAP	60% (22)
Telephone conversation	60% (22)
Informal contact	60% (22)
As needed	60% (22)
Monitors student grades	54% (20)
Provides one to one counseling	38% (14)
Provides group counseling	22% (8)

SECTION EIGHT

SUGGESTED IMPROVEMENTS AND SATISFACTION

A valuable source of information and suggestions on how to improve SAP are the many SAP stakeholders. Two sources of potential feedback for SAP were examined: (1) team members' and county administrators' suggestions to improve SAP and (2) methods to assess satisfaction with SAP.

SAP Improvement

In both statewide surveys, an open-ended question was included asking the team members and county administrators to offer their suggestions for improving SAP. A small proportion of respondents provided specific suggestions. The responses were categorized into the following areas: public awareness, training and in-services, team structure, funding, administration, parent involvement, agency and community issues, and service provision. Table 8.1 profiles the top four areas of suggestions provided by the team members and the county administrators. Team members and administrators agreed that team structure and public awareness are priority improvement areas. With regard to team structure, specific suggestions offered included size, diversity, and number of team members who were teachers and administrators. Those respondents whose teams who did not have a full-time coordinator suggested that having one would improve their effectiveness.

Public awareness was also viewed as an important factor for SAP success. For example, suggestions included to increase the awareness of superintendents and school board members regarding the importance of SAP as well as to conduct public relations efforts for all members of the school community. County administrators added that education of the community on mental health and drug and alcohol issues and its relationship to SAP would further strengthen the system. Liaison and team member focus groups agreed that SAP visibility was a priority. Another suggested area for improvement was training and in-service, which included yearly introductions to SAP, faculty in-services, team maintenance, group facilitator training, quarterly training and refresher courses. Specific training for new team members and central office administrators was also seen as critical. Team members stressed that a mechanism for differentiating between appropriate and inappropriate referrals was essential.

An additional area consisted of agency and community issues, including the need for increased liaison services or an improved communication system for existing services. For example, team members recommended more school-based probation officer involvement and participation at SAP meetings. Participants at the site visits indicated that consistent notification of student probation involvement would enhance their ability to provide effective services. County administrators suggested the need for consistent and updated guidelines for both and MH and D&A liaisons. Team members concurred with the need for formalizing procedures and having clear guidelines for liaisons. Some site visit participants cited the need for greater access to community resources, particularly with D&A liaisons. County administrators noted team structure as a priority. This includes enough staff, counselors, and coordinators for the SAP process to be accomplished. This was also interpreted to mean adequate time for the team, as

well as the direct service providers, to accomplish their tasks. The surveys endorsed the need to provide a reliable common meeting time, to prepare for emergency meetings, and consistency for the complete team to meet.

County administrators indicated that consistent and increased funding was a priority area in need of improvement. Responding team members also cited this as an area for improvement. Specific suggestions included funding for continued training, additional drug and alcohol and mental health services, as well as increased insurance coverage for adolescents. These areas were also identified at the site visits and focus groups. County administrators also suggested that more funding is needed to increase teacher release time, have full-time rather than part-time help, and increase both in-school and community-based services. Further, they also indicated the need to reorganize the funding system that services SAP; for example, combining the mental health and drug and alcohol streams in terms of training, funding, paperwork and requirement guidelines.

County administrators cited the need for more support and involvement from school administrators as a top priority. Responding team members also suggested that administrative involvement was an area for improvement. More district commitment, more representation, and more participation on the team were the persistent observations made by team members, focus groups, and site visits.

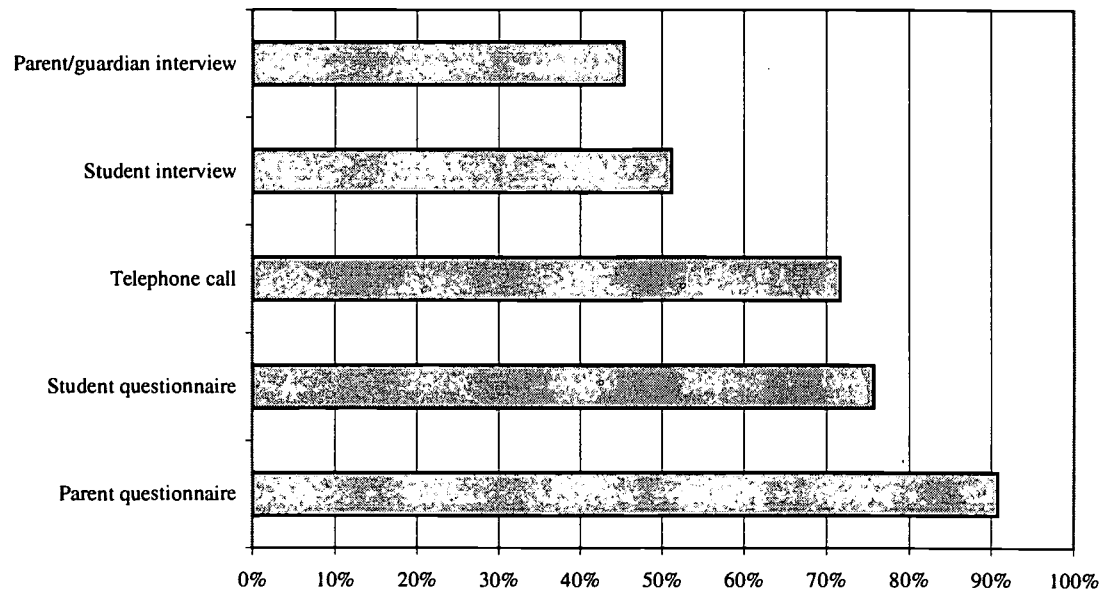
Table 8.1 Primary Areas of Improvement Suggested by Team Members and County Administrators (Source: Team Member and County Administrator Surveys)

Improvement	Team Member	County Administrator
Team Structure	X	X
Funding	--	X
Administrator Involvement	--	X
Public Awareness	X	X
Training and In-Service	X	--
Agency and Community Issues	X	--

Client Satisfaction

Client satisfaction provides one perspective of service quality. Results from the statewide team survey indicate that of the entire sample of team members, 26% reported collecting client satisfaction data. Figure 8.1 shows the primary methods utilized by the responding team members for assessing satisfaction. They include parent interview (63%), student interview (56%) and telephone calls (35%). Other methods consisted of student questionnaires (25%) and parent/guardian questionnaires (9%).

FIGURE 8.1 School Methods for Assessing Client Satisfaction with SAP
(Source: Team Member Survey)



Participants at two of the sites visited indicated that they have a mechanism in place for assessing client satisfaction. One mechanism used was focus groups with students to assess their satisfaction with SAP and generate ways to make it more effective. In addition, during scheduled parent-community round table discussions convened by the district to investigate many issues, parents were asked about their knowledge and understanding of SAP. Another method was exit interviews with students to assess satisfaction with a SAP-recommended program. For example, in using the above method it was indicated that the students do not necessarily like SAP, but would recommend it to friends having difficulty and that the program be continued.

County administrators were also asked if they required provider agencies to assess parent satisfaction with SAP. Of the 42 SAP county administrators who contract with community agencies to provide SAP services, 69% of respondents do not require their service providers to assess parent satisfaction with SAP. Approximately 64% of administrators reported that they do not ask the provider agencies to assess student satisfaction with SAP; however, 62% require that the agency assess school staff satisfaction with SAP.

Of the eleven SAP county administrators that provide direct services to SAP teams, six of the administrators report assessing student satisfaction with SAP, and three report assessing parent satisfaction. In comparison, nine of the SAP county administrators indicated that they conduct school staff satisfaction surveys with SAP.

SECTION NINE

LIMITATIONS OF THE FIRST YEAR EVALUATION FINDINGS

Several data sets were compiled for this evaluation that have been utilized in providing both profile and comparative analyses to determine the effectiveness of SAP in Pennsylvania. They include the following:

1. a description of the functioning of SAP teams from the perspective of the approximately 1200 team members as well as 48 out of 53 county administrators including the referral process and the intervention services provided
2. the effect of parent and student consents on involvement and SAP
3. the nature of the relationship between the SAP programs in schools and the counties, particularly the types of assessments utilized by contract providers
4. the role of school based probation officers on SAP
5. suggestions for improvement of SAP
6. mechanisms for assessing client satisfaction with SAP, and
7. the impact of involvement in SAP in the areas of school performance as documented by a school designated team member and submitted to the statewide performance database.

These various data sources provide a comprehensive depiction of SAP; however, there are four limitations to this evaluation, which can be addressed in future evaluations. First, the results are presented from the perspective of the team members and the county administrators who are the service monitors and/or providers. They do not include an assessment of SAP from the viewpoint of the service recipients, that is the students and/or the parents whose children have been involved in SAP. This could only be accomplished if there were a mechanism for interviewing or surveying parents or students, or to access data from student records. This creates additional challenges due to confidentiality issues as well as sensitivity in some school systems to allow student based research in their districts.

Second, this study does not present an indication as to the extent to which various indicators of the effectiveness of SAP are occurring at appropriate levels. For example, what is an appropriate rate of referral to SAP? This type of analysis could be conducted by: reviewing the literature to determine the expected prevalence in schools for the types of problems referred to SAP, meeting with teams to determine their expectations of an appropriate rate of referral; analyzing existing data sources to measure the rate of referral, and subsequently develop benchmarks for rates of referral. Such information is essential in determining whether SAP is functioning appropriately, but more importantly, providing teams and administrators with data that has the potential of being employed as a gauge for the continuous improvement of SAP.

Third, the statewide performance database is comprised of information compiled and completed by team members at the end of the school year. It only consists of post- SAP measures and does not allow for an adequate comparison of the change in student performance that may be attributed to involvement in SAP. For example, it is not clearly documented as to whether the data submitted compares a student's actual grades prior to receipt of SAP services with grades

subsequent to the receipt of SAP services. In some instances teams may examine school records, but in others they may be relying on other sources such as teacher, parent or student report.

In addition, the data submitted does not clearly document how long a student has been involved in SAP. The report provides aggregate numbers with regard to the number of students receiving services from SAP but does not delineate the length of time a student has been receiving such services. In some instances, a student may have been involved in SAP since the beginning of the school year while another may have entered in April, but they are both counted as new referrals. There is no mechanism to link length of time in SAP with outcome.

Fourth, each of the above-mentioned data sources consist of disparate units of analysis, restricting the ability to link databases critical to assessing the overall impact of SAP on student performance. For example the unit of analysis for the statewide team survey is team member in a school building, while the unit of analysis in the statewide student performance database is the student in the school building as described by the team member. To appropriately link databases, a common unit of analysis needs to be identified, which in this instance is the school building. A methodology comprised of specific rules must be developed to generate a set of new variables at the school building level using individual level data. An illustration of how this can be constructed is as follows.

Suppose we want to examine the relationship between the effects of parental consent (SAP Team Member Statewide Survey) on the student performance outcome measures (Statewide Performance Database). Two new variables at the school building level have to be constructed. First, we need to calculate the percentage of SAP members within each school building who indicate that they obtained written informed consent before the SAP intervention. An index on the level of receipt of informed consent will be generated for each school building based on the following formula (80-100%=High, 60-79%=Medium, and under 60%=Low). Second, we need to generate an index of student improvement in academic performance for each school building using student performance data from the Statewide SAP database. For example, 80-100% of students who show improvement or remained the same due to a SAP intervention in a school building will yield a "High" performance score, 50-79% will receive a "Medium" score, and under 50% would be rated "Low." Finally, using the new variables generated above, we can conduct an analysis of the impact of the level of consent to predict academic performance. A complete documentation of the methodology utilized will be provided to PCCD, PDE and other appropriate parties.

SECTION TEN

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

As previously described, the aim of the evaluation was to examine the effectiveness of SAP throughout the Commonwealth of Pennsylvania. A variety of data sources have been developed to provide a comprehensive description of the various components of and/or relating to SAP. The following section provides a summary of preliminary findings and conclusions that potentially have implications for policy and practice.

The results of the evaluation of the various data sets indicate that the SAP model in implementation and practice closely corresponds with the core team model as it was originally designed. This includes adherence to the four phases of the SAP process, that is referral, team planning, intervention and recommendation, and support and follow-up. However, local implementation varies according to school structure and policy, as well as community needs and resources. For example, parental consent practices may vary depending upon the age of the student, severity of problem, team size and community resources.

The findings also suggest that the implementation of this model was supported via participation in competency based training by team members, administrators and other relevant staff. In addition, results indicate that the teams are functioning, as they meet at least one time each week and there is a defined leadership structure.

When examining the six areas investigated, the primary findings as summarized below indicate that the SAP teams are working, that parents are involved, services are being provided both in school and in the community, and that the students involved in SAP are showing definite improvement. However, given the time period for gathering these data, further analyses that would link process with outcome is recommended for future study. The following provides a description of the major conclusions and recommendations evolving from this evaluation for each of the areas under investigation.

Referral Process

A. Summary and Conclusions

Results indicate that the referral process is functioning and suggest it may be effective for students referred to SAP. This is verified in the following areas:

- Five primary methods are used to publicize the SAP referral process: faculty in-service, student handbook, brochure, faculty handbook and classroom visit;
- Multiple mechanisms are in place for making referrals, including a referral form, informal meeting, telephone conversation and formal meetings;
- Most teams have established acceptance criteria, either informal or formal;
- A team approach is employed to determine the appropriateness of a referral and the majority of teams provide feedback to the referring entity, including verbal contact, letter, or telephone call;

- SAP teams address a wide range of barriers to learning including mental health behavioral concerns, drug and alcohol behavioral concerns, academic and attendance problems;
- Team members expect that there will be a positive outcome from involvement in SAP including increased family communication, no further drug and alcohol policy violations and reduced disciplinary infractions. These outcomes relate to engagement into the SAP process.

B. Recommendations

- Devise formal referral/acceptance criteria to give consistent guidelines to teams;
- Incorporate information from national literature, statewide data sources and local school related statistics to determine appropriate benchmarks for rate and type of referral.

Student and Parent Consent Practices

A. Summary and Conclusions

- Teams are proactive in attempting to engage student and parent consent in SAP as evidenced by 86% of parents who are contacted; 79% of team members report obtaining the written informed consent of parents prior to student involvement in SAP;
- The majority of teams contact parents after gathering some initial objective information about the students' performance in school;
- Primary methods of contact include telephone call, letter and meeting;
- Recommended services are being accessed as evidenced by 61% of parents and students reported has having accessed them;
- Primary reasons that parents and students do not access recommended services include parental refusal, student refusal, denial that a problem exists, privacy issues and mental health stigma.

B. Recommendations

- Develop a parent oriented public awareness campaign to address issues such as privacy, denial, and mental health stigma;
- Develop a model based upon documented research for assisting schools in choosing the most effective methods for increasing parent participation;
- Enhance existing training for SAP teams that assists them in addressing denial and privacy issues, as well as the mental health stigma.

Intervention Services

A. Summary and Conclusions

- The primary actions taken by SAP teams include recommendation for assessment, continued monitoring by SAP team, conference with the school, the parent and the student, and referral to MH andD&A agency;
- In-School services recommended by SAP teams include follow-up with a team member or counselor, intervention groups and academic supports;
- D&A and MH liaison services are provided to teams at least one day per week;
- The majority of counties contract with community agencies to provide liaison services to schools, however, approximately 20-25% of the counties provide direct services to the schools;
- Approximately two thirds of students and parents access the services recommended by the SAP team;
- However, there is limited involvement of SAP teams in treatment and aftercare plans due to parental refusal of consent to share information, failure to obtain consent from parents. and agency caseload volume;
- SAP team members and the county administrators revealed five primary reasons for not accessing recommended community services. They include, parental refusal, student refusal, transportation problems, lack of insurance and denial of coverage by health insurance;
- The primary expected outcomes of SAP involvement as reported by the team members are increased communication with the family, no further D&A policy violations, reduced disciplinary infractions, advancement to the next grade level, increased attendance, and improved grades;
- The most positive outcomes as recorded in the statewide performance database are reduced disciplinary infractions, decreased teacher concerns, improved grades, and improved attendance;
- Aftercare services are provided in school by agency liaisons primarily in group format for both mental health and drug and alcohol issues.

B. Recommendations

- Develop guidelines for D&A liaisons to parallel the MH liaison guidelines;
- Educate the treatment community in the importance of and strategies for involving SAP teams in treatment and follow-up planning.

Assessments Conducted by Contracted Providers

A. Summary and Conclusions

- Licensed contracted providers are conducting assessments for identified drug and alcohol and mental health referrals;
- County administrators report that a substantial number of the contracted provider agencies have developed their own screening/assessment tools and instruments;

- There is wide variation in the types of standardized instruments reported by county administrators as being used which include the Adolescent Problem/Profile Severity Index (APPSI), the Substance Abuse Subtle Screening Inventory (SASSI), the American Society of Addictions Medicine (ASAM) Adolescent Survey and the Connors Rating Scale;
- Contractual arrangements with licensed agencies for the provision of SAP services are in place in the majority of counties/county joinders.

B. Recommendations

- Identify the types of assessment tools actually used by the contract providers;
- Determine which types of tools are most appropriate for screening and which are most appropriate for designating level of care.

School Based Probation Officer Involvement in SAP

A. Summary and Conclusions

- SAP teams that report having a probation officer assigned to their school consistently report that the officer contributes to the SAP process;
- The primary tasks of school based probation officers are monitoring student behavior, participating in SAP meetings, and counseling on a one-to-one basis.

B. Recommendations

- Increase the number of schools who have access to school based probation officers;
- Increase the number of school based probation officers who are actively involved in SAP;
- Develop guidelines for involving school based probation officers in SAP.

Suggestions for Improvement and Client Satisfaction

A. Summary and Conclusions

- County administrators report team structure, funding, administrative involvement and public awareness as significant areas for SAP improvement;
- SAP team members report training and in-service, team structure, agency and community issues, consistent source of funding and public awareness as significant areas for SAP improvement;
- Additional suggestions for SAP improvements include improvements in the areas of parental involvement and service provision;
- The assessment of parent and student satisfaction is not a current practice for SAP teams. Presently, less than 25% of teams report measuring parent and student satisfaction with SAP;

- Assessment of satisfaction is not required by the county entities that fund SAP service provision to students and parents. However, the majority of county administrators report that the contracted agencies assess school staff satisfaction with SAP.

B. Recommendations

- Develop practice guidelines for assessing parent and student satisfaction with SAP;
- Develop tools for assessing parent and student satisfaction with SAP;
- Develop a reporting mechanisms that solicit suggested improvements from the field.

Final Conclusions

In examining the overall effectiveness of SAP, the following final conclusions emerged. First, a defined well-communicated referral process is operational in most of the teams, and the potential referrers know how to access and utilize the student assistance team. Second, SAP teams contact and involve parents in the process. In cases where parents refuse SAP services, the primary reasons include denial that a problem exists and privacy issues. Third, SAP teams are making recommendations for a variety of services including assessments and are monitoring students on an ongoing basis. Fourth, D&A and MH liaison services are in place providing preliminary assessment and linkage with service providers. Fifth, an increasing number of schools are receiving services from school based probation officers. Their involvement in SAP is evolving in accordance with the changing times in school settings. These officers have specialized knowledge of a limited student population and initially their participation was limited to their professional role and function. Currently their role is expanding to become a skilled resource to the team. Sixth, while currently not extensively practiced, the assessment of parent and student satisfaction has the potential to contribute to the continued quality improvement of SAP. Seventh, similar suggestions for improvement of SAP were provided by team members and county administrators, however, their prioritization of suggestions reflects their role in the SAP process.

SECTION ELEVEN

IMPLICATIONS FOR FURTHER EVALUATION OF SAP IN PENNSYLVANIA

The findings discussed in the previous sections provide a comprehensive descriptive and comparative profile that sheds light on several key questions about Student Assistance Programs in Pennsylvania. This section presents a number of strategies that could be employed to systematically measure the program's effect on student outcomes.

Development of Benchmarks and Indicators to Guide Effective SAP Teams and Programs

The development of benchmarks and indicators is crucial to the continued improvement of services to students through SAP and should be structured to delineate different categories of students based upon student needs and risk factors. Based upon the results, it is clear that the teams are functioning but there is not a system in place for actually measuring their effectiveness. In other words, they collect information such as changes in student performance at the end of the year, but do not have a method for comparing their actual results with what can be realistically expected. By developing appropriate benchmarks and indicators, the teams will be able to gauge their effectiveness by comparing their results with a standard developed from this evaluation. For example, a team may receive 130 referrals in a school of 1300 students, for a rate of 10%. The development of an appropriate benchmark will show whether that referral rate exceeds, meets, or is below the standard. Such information can be used by the team to determine whether changes are needed in educating parents and students or faculty and administration about SAP, by the school in identifying other mechanisms for improving referrals, and by the state to more effectively monitor referrals to teams throughout the Commonwealth.

The benchmarks and indicators can be developed from the data sources employed in this evaluation. Site visits could be conducted on a random sample of teams throughout the state. The purpose would be to delineate how the teams work; to discover what, if any, indicators are currently being used to monitor effectiveness; and to obtain more comprehensive qualitative profiles of SAP.

Upon completion of this phase of the evaluation, the benchmarks and indicators can be piloted in each of the five types of schools: HS, J/SHS, MS, AVTS, and NPS. The purpose will be to test the practical application of the benchmarks and indicators and make appropriate revisions to them prior to the final development of the state-of-the-art manual and implementation of statewide training.

Technology Transfer

Technology transfer can occur at two levels. First, a state-of-the-art manual could be developed and would describe how the benchmarks and indicators were derived, how teams can gather the information needed for comparative purposes, and the practical application of benchmarks and indicators for the continued improvement of SAP at the school, school system, county, and state levels. It could also include benchmarks for specific categories that are based upon risk factors gleaned from national statistics. Second, technology transfer could occur through formal training to target audiences. Training of trainers within the existing state training mechanisms such as the Commonwealth Approved Training System (CATS), and at appropriate statewide conferences. In addition, a separate track of training could be developed for policy makers, legislators and other stakeholders to assist them in informed decision making.

REFERENCES

Allen, J. P., Columbus, M., & Fertig, J. (1995). Assessment in alcoholism treatment: An overview. In NIAAA Treatment Series 4, Assessing alcohol problems: A guide for clinicians and researchers (NIH Publication No. 95-3745, pp. 1-9). Washington, DC: Department of Health and Human Services.

Allen, J., P., & Mattson, M. E. (1993). Psychometric instruments to assist in alcoholism treatment planning. Journal of Substance Abuse, 10, 289-296.

Anderson, G. (1986). When chemicals come to school. Clinical Recovery, The Student Assistance Program Model. Milwaukee, WI.

Belcher, C. D. (1995). Student assistance programs: The emerging role of schools. (ERIC Document Reproduction Service No. ED 380 456).

Borris, A. F. (1988, November/December). SAP organizational models. Student Assistance Journal, 31-33.

Bryant, D., & Johnson, K. (1999). An innovative evaluation system for Student Assistance Programs. Paper presented at the National Prevention Network Research Conference, Buffalo, NY.

Carlson, K. A., Hughes, J. D., LaChapelle, J. K., Holyater, M. C., & Deebach F. M. (1994). Student assistance programs: Do they make a difference? Journal of Child and Adolescent Substance Abuse, 4, 1-16.

Centers for Disease Control and Prevention. (1998, November). Youth risk behavior surveillance: United States, 1997. Journal of School Health, 68(9), 355-369.

DiRienzo, P. M. (1990, January/February). A success story: SAP development in Pennsylvania. Student Assistance Journal, 25-29.

Dryfoos, J. G. (1990). Adolescents at risk: Prevalence and prevention. New York: Oxford University Press.

Dryfoos, J. G. (1994). Full-service schools: A revolution in health and social services for children, youth, and families. San Francisco, CA: Jossey-Bass.

Dykeman, C. (1994). Student assistance program implementation and evaluation. Paper presented at the 4th International Conference on Counseling in the 21st Century.

Green, M. (Ed.). (1994). Guidelines for health supervision in infants, children, and adolescents. Arlington, VA: National Center for Education in Maternal and Child Health.

Hadge, C. (1992). School-based prevention & intervention programs. (ERIC Document Reproduction Service No. ED 372 329).

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin, 112(1), 64-105.

Hepler, N., & Renfro, E. (1999). Student Assistance Programs: Who, what, when, where, and how. Paper presented at the National Prevention Network Research Conference, Buffalo, NY.

Herberg, T. C., Hughes, J., & Bond, E. (1990). Components of successful alcohol and other drug intervention programs. Student Assistance Journal, 3(3), 40-41.

Institute of Medicine. (1990). Broadening the base of treatment for alcohol problems. Washington, DC: National Academy Press.

Johnson, V. (1980). I'll quit tomorrow. Minneapolis, MN: Johnson Institute Press.

Kann, L., Collins, J. L., Pateman, B. C., Small, M. L., Russ, J. G., & Kolbe, L. J. (1995). The school health policies and program studies (SHPPS): Rationale for a nationwide status report on school health programs. Journal of School Health, 65(8), 291-294.

Kelly, J. M., & Peters, C. P. (1989, January/February). The Pennsylvania model for implementing SAPs. Student Assistance Journal. 19-22, 39-41.

Klitzner, M., Fisher, D., Stewart, K., & Gilbert, S. (1992). Early intervention for adolescents. Bethesda, MD: Pacific Institute for Research and Evaluation.

Milgram, G. G. (1989). Impact of a student assistance program. Journal of Drug Education, 19(4), 327-335.

Milgram, G. G. (1998). An analysis of student assistance programs: Connecticut, New Jersey and New York. Journal of Drug Education, 28(2), 107-117.

Miller, W. R., & Rollnick, S. (Eds.). (1991). Using assessment instruments. In Motivational interviewing (pp. 89-99). New York: Guilford Press.

Moore D. D., & Forster, J. R. (1993, January/February). Student assistance programs: New approaches for reducing adolescent substance abuse. Journal of Counseling and Development, 71, 326-329.

Morehouse, E. (1989, April). Student assistance program development. Paper presented at the National Organization for Student Assistance Programs and Professionals' Annual Conference, Chicago, IL.

National GAINS Center for People With Co-Occurring Disorders in the Justice System. (1997, April). Screening and assessment of co-occurring disorders in the justice system.

National Institute on Alcohol Abuse and Alcoholism. (1990, April). Alcohol alert (No. 8, PH 285).

Office for Substance Abuse Prevention (1988). You can start a student assistance program. Rockville, MD: Author. (ERIC Document Reproduction Service No. ED 329 883).

Ottenberg, D. J., Olsen, G. R., & Schiller, B. D. (1985). The day treatment center: An alternative for adolescent substance abusers. In A. Friedman & G. Beschner (Eds.), Treatment Services for Adolescent Substance Abusers. Rockville, MD: National Institute on Drug Abuse.

Pollard, J. A., & Houle, D. M. (1993). Student assistance program demonstration project evaluation: Final report. Los Alamitos, CA: Southwest Regional Educational Laboratory.

Protection of Pupil Rights Act, 20 U. S. C. Sec. 1232g;Sec. 1232h. (1998).

Scott, D. M., Surface, J. L., Friedli, D., & Barlow, T. W. (1999). Effectiveness of student assistance programs in Nebraska schools. Journal of Drug Education, 29(2), 165-174.

Silvia, E., & Throne, J. (1997). School-based drug prevention programs: A longitudinal study in selected school districts. Research Triangle Park, NC: Research Triangle Institute.

Sobell, L. C. (1993). Motivation interventions with problem drinkers. Paper presented at the Sixth Meeting of the International Conference on Treatment of Addictive Behaviors, Santa Fe, New Mexico.

Swisher, J. D., Baker, S. B., Barnes, J. A., Doebler, M. K., Hadleman, D. E., & Kophazi, K. M. (1993). An evaluation of student assistance programs in Pennsylvania. University Park, PA: Pennsylvania State University.

U. S. General Accounting Office. (1997). Observations of the Federal drug control strategy. (GAO/GGD Publication No. 97042). Washington, DC: U. S. General Accounting Office, March.

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